

Athletic Emergency Procedure

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ PA Zip: _____

Home Phone: () _____ Father Work: () _____ Mom Work () _____

Alternate Person: _____ Relationship: _____

Telephone: _____

Insurance Provider: _____

Group Number: _____ Policy Number: _____

Medical History Record

Does your child have a history of any illness or disability such as diabetes, epilepsy, allergies, asthma, etc?

Yes _____ No _____ If yes, Please specify:

(1) Is your child presently taking any medication? Yes _____ No _____ If yes, please specify:

(2) Is your child allergic to any medication? Yes _____ No _____ If yes, please specify:

(3) Has your child had any previous sprains, fractures, or concussions? Yes _____ No _____ If yes, what part of the body and when? _____

(4) * What hospital would you prefer if a choice is possible? _____

(5) * What doctor would you prefer if a choice is possible? _____

(6) * Phone number where your doctor can be reached: _____

(7) Any preference indicated in 5, 6, 7 above will only be considered should the injury or accident occur in the Northern Lehigh School District; and the School District shall not be held responsible, in any way, for either its failure or its inability to comply with any preferences given.

TO THE HOSPITALS AND DOCTORS:

I (We) hereby give my (our) authorization for you to render any and all emergency professional medical and/or surgical treatment necessary and as required by my child should s/he become injured and in need of treatment while participating in any athletic activity or program involving the Northern Lehigh Area High School teams. I (We) also agree that Northern Lehigh Area School District shall not be held responsible for any payment as a result of any injuries or accidents or for glasses, braces, dentures and so forth, which are not covered under the blanket accident insurance coverage in effect for all students in the School District.

I (We) further agree that Northern Lehigh School District shall not be held liable for any action taken by it pursuant to this authorization for and on behalf of my child: and I (We) agree to hold it harmless and/or indemnify it from any claims.

Parent or Guardian Signature Date

Parent or Guardian Signature Date