ATHLETIC EMERGENCY FORM
Bethel High School – Bethel, CT

General Information:

Student Name: _____ Sport: _____
Address: _____ Home Phone: _____
Date of Birth: ____/____/_____ Age: _____ Grade: ____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____
Employer: _____ Employer: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

In case of an Emergency, if parents cannot be reached, please notify:
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Health History:
Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____

Drug Allergies: _____
Current Medication(s): _____

Asthma: YES NO **Inhaler:** YES NO **EPI Pen:** YES NO **Diabetic:** YES NO

Concussion: YES NEVER Total #: _____ Date of Last: _____

Other Health Issues: _____

Consent Form:
In an emergency I give permission for the coach, athletic trainer, school nurse and/or team physician to use their judgment in securing medical care and/or an ambulance in case the parents and guardians listed above cannot be reached.
Parent/Guardian Signature: _____ Date: _____

I give permission for the school nurse and/or athletic trainer to speak with physician(s) regarding my child's health status as it pertains to athletic participation.
Parent/Guardian Signature: _____ Date: _____

Sports Insurance Coverage:
I acknowledge that I have read the information regarding the care of sports injuries and the information about insurance coverage. I understand and agree to the insurance regulations.
Parent/Guardian Signature: _____ Date: _____

School Nurse Permission to Participate:

Current Physical: _____/_____/_____ Expiration Date: _____/_____/_____

Nurse Signature: _____ Date: _____ BR – 10/10