

ROXBURY DISTRICT ATHLETIC EMERGENCY INFORMATION

Name _____ Male _____ Female _____ DOB _____
Address _____
Athlete lives with (circle): both parents mother father guardian
Sport _____
Grade _____

Mother's Name _____ Home Phone _____
Cell _____ Work _____

Father's Name _____ Home Phone _____
Cell _____ Work _____

Emergency Contacts:

Name _____ Home Phone _____
Cell _____ Work _____

Name _____ Home Phone _____
Cell _____ Work _____

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Insurance _____ Policy # _____

I give permission for my child's participation in the indicated sport for the 20__ season and to accompany the team on scheduled athletic trips. All athletes are covered by school insurance, which is an excess policy that can be used only after the family health insurance has been used. Please note that the rules of the New Jersey Board of Education require that the school district advise you, as a parent/guardian, of the possibility of physical hazards to your child.

I give permission to share medical information as needed with the appropriate personnel. I give consent for coaches, trainers and the team physician to use their own judgments in the application of first aid treatment and in securing medical aid and ambulance service as necessary.

Your signature is acknowledgement of notification and approval to participate.

Parent/Guardian Signature _____ Student Signature _____ Date _____
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(OFFICE USE ONLY)

PE Date _____

Asthma _____ Medication/Inhaler _____

Allergies: Life Threatening _____ Benadryl _____ EpiPen _____

Medication _____

Medications currently taking _____

Chronic/Ongoing Medical Conditions _____

Cardiac Conditions _____

Protective Equipment needed _____

Neurological Conditions/Concussion _____

Other _____

Glasses _____ Contacts _____

AD Signature _____

RN Signature _____

Date _____

Date _____