

BRADFORD ATHLETIC DEPARTMENT
EMERGENCY PROCEDURE CARD INFORMATION

Student's Name _____ Grade _____ Telephone Number _____ - _____
E-mail Address _____ Date of Birth ____/____/_____
Address _____ City _____ Zip _____

In case of emergency, illness or accident to the child named above, please contact the appropriate parent as indicated below (1,2)

_____ Contact Father _____
Name/ E-mail _____ Company _____
Home Phone _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

_____ Contact Mother _____
Name/ E-mail _____ Company _____
Home Phone _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

In the event reasonable attempts to contact either parent have been unsuccessful, I hereby give my consent for (1) The administration of any treatment deemed necessary by the practitioner listed below. However, if the practitioner is not available, you may contact another licensed physician or dentist.

Preferred Physician _____ Telephone _____ - _____ - _____

Preferred Dentist _____ Telephone _____ - _____ - _____

If necessary transfer my child to _____ or any hospital reasonably accessible.
Name of Hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained before surgery is performed.

Signature of Legal Guardian _____ Date ____/____/____

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION OR TO

Signature of Legal Guardian _____ Date ____/____/____

Child Allergic to _____
(Bee Stings, Medications, etc)

Medications you child is presently taking _____

Indicate any special problems pertaining to you child's health

Please list three local persons by name, address, and phone number that we can contact in case of minor illness when hospital is not necessary and parents can not be located.

- 1.) _____
- 2.) _____
- 3.) _____

ATHLETIC TEAM INSURANCE NOTICE

I, as parent or guardian, hereby notify the Bradford Exempted Village School District that our child is covered by an insurance carrier in case of injury that may occur as a participant in the athletic program.

Name of Insurance Carrier _____ Policy Number _____

I will be purchasing school insurance for the school year _____

RISK OF INJURY ACKNOWLEDGEMENT

I, as parent or guardian, do realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death.

I, as the parent or guardian of the above named student do hereby accept the responsibility of the above mentioned items.

Signature of Legal Guardian _____ Date ____/____/____