ATHLETE EMERGENCY HEALTH FORM
CARLSON HIGH SCHOOL & SHUMATE MIDDLE SCHOOL

Athlete's Name _____
Last First M

Address _____
Number Street City Zip

Phone _____ Grade _____ Birthdate _____

Father's Name _____ Place of Business _____

Home Phone _____ Work Phone _____

Mother's Name _____ Place of Business _____

Home Phone _____ Work Phone _____

May the School Officials call a physician to attend to the above named athlete if parent or guardian cannot be immediately contacted? _____

Name of preferred Physician _____ Phone _____

If neither parent is available contact _____

Relation _____ Phone _____

Medications _____

Allergies _____

The Gibraltar School District cannot legally accept liability for accident or injury, which occurs as a result of practice or participation in interscholastic sports. (NO student is permitted to join a school team until he/she has submitted an insurance waiver form). Those parents who do not fell their child is adequately covered by their home insurance plan should obtain school insurance. Forms are available in the Athletic Office or in the Main School Office.

Parents – Please sign under one of the following statements:

1. In case of emergency, when authorized people noted above cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child.

_____ _____

_____ _____
Signature of Parent(s) Date

2. In case of an emergency when authorized people noted above cannot be reached, school personnel are neither to tender nor arrange for medical treatment, other than first aid.

_____ _____

_____ _____
Signature of Parent(s) Date