

**Sports Participation Notification Form**

**EMERGENCY TREATMENT**

To ALL Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without the parent's consent (unless life threatening). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, the treatment of the injury will not be delayed.

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Sport: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS # of Athlete: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (for emergency room use only)

Parent's Name: \_\_\_\_\_

Work Address (Father) \_\_\_\_\_

Work Address (Mother) \_\_\_\_\_

Phone Number: Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy and Group Numbers: \_\_\_\_\_/\_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ and SS # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Daily Medications:** \_\_\_\_\_

*Consent Statement: Authorizing Treatment:* In the event of an accident or illness, a representative from Boyd-Buchanan School

has my permission to seek the medical attention necessary for \_\_\_\_\_  
Name of Athlete

Parent's Signature: \_\_\_\_\_

Student's Signature: {if over age 18} \_\_\_\_\_

**Permission to Transport**

As a member of a Boyd-Buchanan athletic team, my son/daughter \_\_\_\_\_

Has permission to participate in athletic events and travel to and from team activities and contests in school arranged transportation. I understand that depending on distance, time and availability, the school may arrange transportation via chartered bus, BBS or other school bus with licensed driver, school or church vans or private cars driven by responsible adult drivers.

I hereby release Boyd-Buchanan School and the coaches from any liability whatsoever in case of accident or injury and acknowledge that I am responsible for payment for any medical attention. I hereby acknowledge my responsibility for any damage caused by the above named student while he/she is on the trip.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coaches are required to have possession of this form at any athletic activity.