

**ERIE HIGH SCHOOL
ATHLETIC EMERGENCY INFORMATION**

Student's Name: _____

Date: _____

Birthdate: _____

Grade: _____

Mother's/Guardian's Name: _____

Home Phone: _____

Cell Phone: _____

Father's/Guardian's Name: _____

Home Phone: _____

Cell Phone: _____

Another Contact Person Name: _____

Relationship: _____

Phone Number: _____

Hospital Choice: _____

Family Physician Name: _____

Phone Number: _____

Dentist Name: _____

Phone Number: _____

HEALTH INFORMATION

List any significant or on-going health condition. Examples: severe allergies/ epi pen, asthma, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, or any other condition relevant to athletics. PLEASE EXPLAIN: _____

MEDICATIONS (taken on a regular basis)

AT HOME: _____

ALLERGIC TO: _____

I, the undersigned, do hereby, authorize officials of the St. Vrain Valley School District to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of said child. I will not hold the school district liable for the emergency care given.

If school personnel are unable to contact parents or other person (s) named on this card to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs. **ALL COSTS WILL BE ASSUMED BY PARENT(S).**

IT IS THE PARENT'S RESPONSIBILITY TO KEEP EMERGENCY INFORMATION ON THIS FORM CURRENT.

DATE

SIGNATURE OF PARENT OR GUARDIAN