

Sport/Activity:

COLCHESTER HIGH SCHOOL EMERGENCY INFORMATION

This form needs to be completed for every sport the athlete is competing in at the start of the season. Every coach needs to have up to date, accurate information at the start of every season.

Name: _____ Birth date: _____ Age: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Grade: _____

Daytime Phone: Father: _____ Mother: _____

Cell Phone: Father: _____ Mother: _____

In an emergency, if parent(s) cannot be contacted, notify

Name: _____ Phone: _____

Family doctor: _____ Phone: _____

Preferred Hospital: _____

Known allergies: _____

Date of last tetanus shot: _____

Restrictions: _____

The team trainer and coach may apply first aid treatment until the family doctor can be contacted.

Yes: _____ No: _____

We give our consent for the coaches or trainers to use their own judgment in securing medical aid and ambulance service in case the parent(s) cannot be reached. We also give our consent for the certified Athletic Trainer and the Athletic Training students from the University of Vermont to treat our son/daughter in emergency care, injury evaluation, prevention, management and rehabilitation.

Yes: _____ No: _____

We have medical insurance with _____

Parent/guardian signature: _____ Date: _____