

Hartland Consolidated Schools
Athletics Emergency & Emergency Contact Information
2011-2012 Academic Year

I, _____ (print parent/guardian's name), acknowledge that my child, _____ (print child's name) may be injured as a result of participation in athletics for Hartland Consolidated Schools. I give the athletic trainer, coaches, administrators, and staff permission to provide appropriate emergency care to my child.

SIGNATURE _____ Date _____

Please include ALL the information requested below. In the instance that an emergency situation should develop with your child and medical attention is needed this information will be of assistance to the appropriate medical personnel.

Student Athlete Name _____ Age _____

Date of Birth ____/____/____ Grade _____

KNOWN ALLERGIES _____

CURRENT MEDICATIONS _____

CURRENT MEDICAL CONDITIONS _____

EMERGENCY CONTACT #1 (please print)

Name _____ Relation to Child _____

Phone Number(_____) _____ home/work/cell (circle one)

EMERGENCY CONTACT #2 (please print)

Name _____ Relation to Child _____

Phone Number(_____) _____ home/work/cell (circle one)

EMERGENCY CONTACT #3 (please print)

Name _____ Relation to Child _____

Phone Number(_____) _____ home/work/cell (circle one)