

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 \_\_\_\_\_

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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)