

# Emergency Medical Form

## ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ (name of athlete) to participate in any of the following sports (identify sports). \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk.

- Heritage Community Charter is **NOT** responsible for any medical, dental, or hospital bills occurred as a result of injuries sustained by a student while participating in a school program or activity. All injury related expenses shall be the responsibility of the student's parents/guardians. Further, the undersigned parent/guardian agrees to indemnify and hold harmless Heritage Community Charter school, its employees and related entities from any and all liability that may arise from the students participating in any program or activity which is the subject matter of this release form.

**(Parent or guardian please initial one of the following)**

\_\_\_\_\_ I have insurance that will pay for medical expenses if my child is injured while participating in a school program or activity. He/she is insured by our family policy with: Name of

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

\_\_\_\_\_ I do not have insurance for my child and understand that Heritage Community Charter is NOT responsible and WILL NOT pay any doctor, hospital or medical expenses if my child is injured while participating in a school program or activity.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

(To be completed and signed by parent/guardian)

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_

Please list any health problems that might be significant to a physician evaluating your child in case of an emergency \_\_\_\_\_

\_\_\_\_\_ Please list any allergies (please include medication allergies) \_\_\_\_\_

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Please list any medications your students is currently on: \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

Daytime phone number (where to reach you in emergency) \_\_\_\_\_

Evening time phone number (where to reach you in emergency) \_\_\_\_\_

Emergency contact other than Parent/Guardian \_\_\_\_\_ (name and relationship to athlete)

Phone number of emergency contact \_\_\_\_\_

I have had an opportunity to understand the risk inherent in sports. I have carefully read, understand and hereby agree to indemnify and hold harmless Heritage Community Charter School from any and all liability that may arise from my child's participation in any program or activity at Heritage Community Charter School.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.