

Huntsville Hospital Sports Center Emergency Information & Consent



Athlete's Name: _____

Sport(s): _____ Graduation Year _____

Parent/Guardian Name(s): _____

Parent Email: _____

Address: _____

Athletes's DOB _____

Parent/Guardian Name(s): _____

Day Phone Number: _____

Cell Phone Number: _____

In Case of Emergency, Please Notify:

1. Name (& Relation): _____ Phone(s): _____

2. Name (& Relation) _____ Phone(s): _____

3. Name (& Relation) _____ Phone(s): _____

Insurance Information

Insurance Company _____
Insurance Card Holder _____
Insurance Group # _____
ID #: _____
Address: _____
Phone #: _____

If your child has any of the following conditions, please check all boxes that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sickle Cell Trait |
| <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Heat Illness |
| <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Previous Surgeries | <input type="checkbox"/> Drug Allergies | |

Further Details: _____

Medical Consent

To Whom It May Concern,

The Huntsville Hospital Sports Center staff may apply first aid treatment for any injury or injuries sustained during participation in interschool athletics sanctioned by James Clemens High School, until the parent/guardian can be contacted.

_____ Date: _____

In case the parents/guardian can't be reached, we give consent for the Huntsville Hospital Sports Center staff to use their best judgement in securing medical aid, ambulance service, and if necessary hospital admittance, when needed, as a result of injury during participation in sanctioned practices/games/events scheduled by James Clemens High School.

_____ Date: _____

Athlete's Name _____

_____ Date: _____

Parent's Name _____

_____ Date: _____