

## ATHLETIC EMERGENCY CARD

Grade \_\_\_\_\_ Sport \_\_\_\_\_

Fall    Winter    Spring

M  F

Last Name

First

Middle Initial

Home Phone

DOB

Address

City

Zip Code

Mother's Name

Day Phone

Night Phone

Cell/Pager

Father's Name

Day Phone

Night Phone

Cell/Pager

If a student's parents cannot be contacted, please notify:

(1) Name

Phone

Pager/Cell

(2) Name

Phone

Pager/Cell

### INSURANCE INFORMATION

Name of Insurance Carrier

Policy #

Group #

Primary Person Insured

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Allergies: Life Threatening _____ | Other _____   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epi Pen                           | <input type="checkbox"/> Medications: Current _____                   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Orthopedic                        | <input type="checkbox"/> Last DT/DPT Immunization ____ (mo) ____ (yr) |

**Please read and sign the AUTHORIZATION STATEMENT.**

My signature indicates that I have read and understand the authorization statement and I agree to the statement as written.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities.

I fully understand the Cherry Creek Schools does not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, accident insurance is made available by the School District through an authorized agent. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

**AUTHORIZATION STATEMENT** - I do hereby authorize officials of the Cherry Creek School District to contact directly the persons named on this card in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.