

Dear Parent

Please take the time to fill in the information on this sheet. This information is important and will be kept with the coaches at all times. In case of emergency, and you are not available, it allows the person in charge to get treatment in a timely manner.

Student Athlete Medical Information

Student Name _____ DOB _____

Address _____

Parent Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Parent Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency contact in case parents cannot be reached:

Name _____ Phone _____ Cell _____

Any allergies or medical conditions that we should be aware of? _____

Insurance

Company _____

Policy # _____ Group # _____

My child may receive emergency medical treatment. I understand that in case of any emergency, every effort will be made to contact parents or guardians. I will update my home and work phone numbers. In the event that I cannot be reached, I give permission to the person in charge to have the physician give emergency treatments, hospitalize, order injections, give anesthesia, and/or perform emergency surgery.

Parent Signature

Date

Athletic Eligibility Agreement

I have read the Interscholastic Activities Program and understand that in order to be eligible for athletics or extra curricular activities at Ione Community School, my student must abide by the eligibility guidelines.

Parent Signature

Date

I have read the Interscholastic Activities Program and understand that in order to be eligible for athletics or extra curricular activities at Ione Community School, I must abide by the eligibility guidelines.

Student Signature

Date