

IMPORTANT: Please complete ALL blank spaces. By leaving a space empty, it looks as if you have forgotten it. If for some reason, it doesn't apply, write N/A

STUDENT EMERGENCY INFORMATION - MANTEO HIGH SCHOOL

STUDENT'S NAME: FIRST MIDDLE LAST
ADDRESS: SOCIAL SECURITY #
CITY/STATE: ZIPCODE PHONE NUMBER
DATE OF BIRTH FAMILY PHYSICIAN

TO PARENT OR LEGAL GUARDIAN: To serve your child in an emergency situation, such as an ACCIDENT or SUDDEN ILLNESS it is necessary to furnish the following information for emergency calls.

NAME BUSINESS ADDRESS BUSINESS PHONE CELL PHONE
Mother
Father

LIST TWO (2) NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IN THE EVENT YOU CANNOT BE REACHED.

1) NAME: RELATIONSHIP PHONE #
2) NAME: RELATIONSHIP PHONE #

Is the above-named student allergic to any medication? YES NO
If yes, please list ALL medications:

I hereby give permission for the athletic trainer and/or coach to give this student over the counter medications/pain relievers such as, but not limited to Tylenol and Ibuprofen, etc. YES NO

- I, the undersigned, do hereby authorize the officials of Manteo High School to contact directly the persons named on this form, and do authorize the named physicians / Emergency Room Physician to render such treatment as deemed necessary in an emergency for the health of said child. In the event physicians, other persons named on this card, or parents cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the said child. I will not hold the school district financially responsible for the emergency care and / or transportation for the said child.

Information concerning an Athletics - Related injury may be shared with the following entities. My INITIAL serves as authorization.

- Coach / Assistant Coaches Teachers (on a "need - to - know" basis)
Athletic Director School - insurance providers
Principal Media which may include, but is not limited to: radio, television, newspapers
Assistant Principal School System Authorities (which may include, but is not limited to: superintendent, assistant superintendent(s), public information officer)
School Resource Officer
School Nurse

I authorize the hospital and / or treating physician(s) to release any information acquired in the course of Athletics - Related examination and treatment at the hospital / physician's office for the purpose of the Athletic Trainer's records for the 2012 - 2013 school year.

DATE SIGNATURE OF PARENT OR LEGAL GUARDIAN

INSURANCE INFORMATION: All student - athletes participating in a scholastic sport are covered by a basic school insurance policy provided by the Dare County School System. This policy covers the student during athletic practices, athletic contests, and travel to and from those contests ONLY. It DOES NOT cover an accident occurring during the regular school day. If you child is covered by a personal or family policy (including Medicaid), please list that information below. Please attach a copy of the insurance card if possible.

COMPANY: POLICY NUMBER

The information that has been provided is true and accurate to the best of my knowledge.

DATE SIGNATURE OF PARENT OR LEGAL GUARDIAN