

DHS COACHES' ATHLETIC EMERGENCY FORM

(Kept securely by the coach at all times)

Please Print

Cleared/Not Cleared for Contact Sports/Non-Contact Sports on PE Date _____
Signature School Nurse Reviewing PE _____ Date _____

Athlete's

Name _____ Date of Birth _____ Home Phone _____

Address _____ last first middle _____ Grade _____ Season _____ Sport _____

List at least 4 and number 1st, 2nd, 3rd, 4th to call for illness or emergency.

____ Mother _____ name home phone cell phone work phone work town

____ Father _____ name home phone cell phone work phone work town

____ Neighbor _____ name home phone cell phone work phone home address

____ Other _____ name home phone cell phone work phone relationship

Family Physician: (1st choice) _____ Phone _____ Hospital of choice: _____

(2nd choice) _____ Phone _____ Stamford

Family Dentist _____ Phone _____ Norwalk

Information for Health Care Providers in case of Emergency: Please check all that apply here and on back:

__No __Yes **Allergic to:** _____ Usual treatment _____

__No __Yes **Medications** (taken at school or home) _____ Used for: _____

__No __Yes **Other health issue(s)** which may affect athlete in school, sports, or on trips: _____

I. Authorization for Athletic Participation:

I/We give permission for _____ to participate in the Darien High School Interscholastic Athletic Program. I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and a strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be severe.

II. Athletic Rules:

I/We have read the Athletic Handbook and understand and accept all the rules therein. A copy of the Athletic Handbook is available on the DHS Athletic website (<http://www.darienps.org/darienathletics/>).

I/We understand that the violation of these rules may result in an athlete being suspended or dropped from the team.

____ Printed Name of Parent or Guardian _____ Signature _____ Date _____

____ Printed Name of Athlete _____ Signature _____ Date _____

Please complete other side =>

