

MILFORD SCHOOL DISTRICT
EMERGENCY INFORMATION/HEALTH FORM

(to be completed by Parent/Guardian)

Please print...

Name _____
Address _____
Town/State _____ Zip _____

Date of Birth _____
Grade _____
Home Phone# _____

Parent/Guardian

Father _____
Address _____
Place of Employment _____
Home# _____ Wk# _____
Cell# _____
E-mail address: _____

Mother _____
Address _____
Place of Employment _____
Home# _____ Wk# _____
Cell# _____
E-mail address: _____

IN CASE OF EMERGENCY WHERE PARENT/GUARDIAN CANNOT BE REACHED, PLEASE NOTIFY:

Name of Responsible Person _____ Relationship _____
Address _____ Phone _____

MEDICAL/HEALTH INFORMATION

Name of Insurance Company _____
Policy# _____ Type of Coverage _____

CONSENT TO PARTICIPATION AND ACKNOWLEDGEMENT OF RISKS

I hereby acknowledge an awareness that participation in the sport of _____ involves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental disability, or death, and that these injuries may occur in some instances as a result of unavoidable accidents. I accept these risks in giving consent to participation in _____ during the _____ season by the undersigned athlete.

Athlete's full name and date of birth (please print)



Athlete's Signature: _____ Date: _____



Parent or Guardian Signature: _____ Date: _____

PERMISSION TO PROVIDE EMERGENCY TREATMENT

On rare occasions an emergency arises and we are unable to contact the parent/guardian. In order that no delay occur that may jeopardize the life of the student, the school requests permission from the parent/guardian to seek emergency treatment.

I hereby grant permission to the Milford School District to administer First Aid, administer epinephrine if necessary, secure proper medical treatment and/or hospitalize my son/daughter/ward in case of emergency, provided they are unable to communicate with me, and according to their best judgement, further delay might jeopardize the life of my son/daughter/ward.



Parent/Guardian Signature _____ Date: _____

HEALTH QUESTIONNAIRE FOR SPORTS PARTICIPATION

Please answer each question below. Those marked yes, please explain below to the best of your ability.

Circle One

- | | | |
|--|----|-----|
| 1. Have you ever been in a hospital for an operation or other reason? | NO | YES |
| 2. Do you take any kind of medicine every day? | NO | YES |
| 3. Do you have asthma or allergies (hives, medicine, bee sting?) | NO | YES |
| 4. Are you under a physician's care for any problems now? | NO | YES |
| 5. Have you ever felt dizzy or had chest pains during or after exercise? | NO | YES |
| 6. Do you have a heart murmur or other heart conditions? | NO | YES |
| 7. Have you ever fainted or "blacked out" during exercise? | NO | YES |
| 8. Have you ever had a heat illness such as heat exhaustion or stroke? | NO | YES |
| 9. Have you ever had a concussion or suffered loss of consciousness or memory? | NO | YES |
| 10. Have you ever had a fracture, dislocation, sprain, strain or other injury to
any body part? | NO | YES |
| 11. Do you have any eye problems, wear glasses or contacts? | NO | YES |
| 12. Have you ever been told not to participate in any sport? | NO | YES |

EXPLAIN "YES" ANSWERED QUESTIONS: _____

DATE OF LAST TETANUS BOOSTER: _____

PARENT/GUARDIAN PERMISSION FOR SPORTS PARTICIPATION

I hereby agree that the above statements of medical history are accurate, and give my consent for this student to participate in (Check one):

() All approved school athletics () Specific sport



Signature _____ Date signed _____
Parent/Guardian

PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

I, the parent/guardian, or student 18 years of age or older, authorize the Principal to direct and assign members of the school staff to assist the above named child in taking the following medication. I agree to not hold responsible any member of the school staff or an individual or official capacity who is directed by myself and the Principal to assist the above named student in taking said medication.

Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Antacid _____



Parent/Guardian Signature _____