

**ATCHISON HIGH SCHOOL ATHLETIC DEPARTMENT
EMERGENCY MEDICAL AND CONSENT FORM**

This form must be made available by the coach at all team practices and contests for each team member to insure proper treatment by physicians or hospital in the event of serious injury.

Name of Student _____ Birth Date _____ Age _____

Name of Parents _____ Home Phone _____

Address _____ City _____ Grade _____

Day Phone of Parents: Father _____ Mother _____

In an emergency, if the parents cannot be reached, notify:

_____ Phone _____

I hereby give consent for medical treatment deemed necessary by physicians/trainers designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury from his/her participation.

Preferred Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Known Allergies or Conditions _____

(Parent Signature) (Date)

INSURANCE VERIFICATION

We/I understand that Atchison Schools, USD #409, or KSHSAA does not provide insurance for claims unless they are of a catastrophic nature exceeding \$25,000. In order to participate in the athletic programs, an athlete must have medical insurance. Our/My child has insurance coverage with the following:

Name of Company _____ Policy Number _____

ACKNOWLEDGE OF WARNING BY PARENTS

We/I, the parents of _____ do hereby acknowledge that we/I have

Student Name

been fully advised, cautioned and warned by the proper administrative and/or coaching personnel of Atchison Schools that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in interscholastic sports.

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child

named above which may result, we/I give our consent to _____

Student Name

participating in the sports of _____

(Parent Signature) (Date)