

EMERGENCY TRAVEL FORM



A. GENERAL INFORMATION

Student's Name _____ Date of Birth _____

Parent / Guardian Name: _____

Address: _____

Father's Home Phone #: _____ Work #: _____ Cell #: _____

Mother's Home Phone #: _____ Work #: _____ Cell #: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Phone #: _____

B. IMPORTANT MEDICAL INFORMATION

Allergies: _____

Medications: _____

Other Medical Concerns: _____

C. INSURANCE INFORMATION:

Insurance Company Name: _____

Policy #: _____ Group #: _____

D. MEDICAL ALERTS – OFFICE USE ONLY

FROM PRE-PARTICIPATION MEDICAL EXAM DATED _____

Condition	Special Requirements	Other Comments

Reviewed by:

Head Coach: _____ Date: _____ Sport: _____

Head Coach: _____ Date: _____ Sport: _____

Head Coach: _____ Date: _____ Sport: _____

Athletic Director: _____ Date: _____

Athletic Trainer: _____ Date: _____

E. PARENTAL PERMISSION

As the parent/guardian of _____, I give my consent for the student to receive a medical screening examination prior to participation in athletics. If the student-athlete is injured while participating in athletics and the school is unable to contact the parent, we grant the school permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to, transportation to an emergency facility, first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

The school staff has discussed with me the information in section D "Medical Alerts." The school staff has my permission to share medical information with members of the coaching staff or others as it relates the management of those conditions.

Signature of Parent/Guardian: _____ Date _____

This form should be reviewed and updated as needed, but at least annually upon receipt of the student's medical exam.