

Mortimer Jordan Sports Medicine Emergency Information

Please **print** all information

Name: _____ Age: _____ DOB: _____
Address: _____ ZIP: _____
Father: _____ Home# _____ Work# _____ Cell# _____
Mother: _____ Home# _____ Work# _____ Cell# _____
Athlete Cell#: _____ e-mail: _____ (optional)

If parents cannot be reached in an emergency

Name: _____ Home# _____ Work# _____ Cell# _____
Family Physician: _____ Phone# _____
Family Orthopedist: _____ Phone# _____
Preferred Hospital: _____ E.R. Phone# _____

Medical History

Head injury: Yes No Date _____ Date of last tetanus shot _____
Heart problem: Yes No Date _____ Medications _____
Diabetes: Yes No Date _____ Allergies _____
Asthma: Yes No Date _____ Contacts/Glasses: Yes No
Will you provide an inhaler: Yes No

Medical Insurance

Company: _____ Policy# _____ Group# _____
Policy holder: _____ Does plan require referral notice to attend specialist? _____

Medical Consent

All athletes, parents, or guardians must assume the risk of injury during athletic events. In the event of such an injury during a practice session, game, or the like: an effort will be made to contact parent/guardian as soon as possible. Permission is granted to the Athletic Trainer/Team Physician/Coach to provide needed emergency care to the athlete prior to his/her arrival at a medical facility. I/we give consent for emergency transport as needed.

Sign one: **Yes:** _____ **No:** _____

Parental Permission For Student Travel

I hereby certify that I am the parent/guardian of the above named student. The above school and the Jefferson County Board of Education have my full permission and consent to transport and otherwise provide transportation for my child by school bus, public service bus, private automobile or other appropriate means of transportation in connection with school and/or extracurricular activities. This permission shall be effective for the current school year and any athletic, academic, cultural, or other applicable events thereof.

NOTE: EXCEPTIONS TO THIS SCHEDULE WOULD BE POSTPONEMENTS BECAUSE OF WEATHER CONDITIONS OR OTHER SUCH UNFORSEEN CIRCUMSTANCES.

SIGN: _____ **DATE:** _____

School Insurance

Jefferson County Board of Education requires that all student athletes to obtain medical insurance in order to participate in athletic events. If your child is not under any personal medical insurance then he/she will be required to purchase the school insurance. An insurance brochure can be obtained from the athletic trainer or coach.

Please sign below:

YES, I WOULD LIKE TO PURCHASE SCHOOL INSURANCE: _____

NO, I DO NOT WISH TO PURCHASE SCHOOL INSURANCE AND WILL PROVIDE MY CHILD WITH THE INSURANCE COVERAGE LISTED ABOVE: _____