CARY HIGH SCHOOL

Athletic Training Department

Critical Contact Information Form

List Sport(s): _____ _____ _____

This form should be carried by the athletic trainer or coach at all times in case of emergency.

Today's Date: _____/_____/_____ School Year: _____ Graduation Year: _____

Athletes Name: _____

(Last) (First) (Middle Initial) Name Preferred

Gender: M F *Circle* **Date of Birth:** ____/____/_____ *Month / Day / Year* **School ID#:** _____ Approximate **Weight** _____ *For medications by EMS if necessary*

Athlete's HOME Phone #: _____ CELL Phone #: _____

HOME ADDRESS: _____

Street City State Zip Code

CONTACT Information

	Father / Legal Custodian	**Mother / Legal Custodian**
Name:	_____	_____
Cell #:	_____	_____
Work Phone:	_____	_____

Alternate EMERGENCY Contact: _____ **Phone #:** _____

Relationship with athlete: (relative / family friend, etc…) _____

Athlete's Medical Information:

1. Are you **ALLERGIC** to any type of medication? **Yes / No** List: _____
2. Are you currently taking medications? **Yes / No** List: _____
3. List any other allergies: _____
4. Do you take medicine for emergency use? **Yes / No** List: _____
5. Do you have **ASTHMA? Yes / No** If so, do you use an inhaler? **Yes / No** What kind? _____
6. Does the athlete have any other medical conditions we should be made aware of? **Yes / No**
   a. Please List: _____

_____

Athlete's Physician: _____ **Phone #:** _____

Physician's Practice Name: _____

Insurance Information (***optional – for EMS if necessary***)

Provider Name: _____ Policy or Group # _____

Policy Holder's Name: _____

From the WCPSS - High School Athletic Participation (Physical) Form

Medical Authorization – *As the parent or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.*

Risk of Injury *– We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a WCPSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor WCPSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.*

_____ _____ _____

Student-Athlete (Print): (Signature): Date:

_____ _____ _____

Parent / Legal Custodian (Print): (Signature): Date: