

ATHLETE EMERGENCY HEALTH FORM / TRANSPORTATION WAIVER FORM

CARLSON HIGH SCHOOL & SHUMATE MIDDLE SCHOOL

Athlete's Name _____
Last First M

Address _____
Number Street City Zip

Phone _____ Grade _____ Birthdate _____

Father's Name _____ Place of Business _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Place of Business _____

Home Phone _____ Cell Phone _____ Work Phone _____

If neither parent is available contact _____

Relation _____ Home Phone _____ Cell Phone _____

Medications _____ Allergies _____

The Gibraltar School District cannot legally accept liability for accident or injury, which occurs as a result of practice or participation in interscholastic sports. Those parents who do not feel their child is adequately covered by their home insurance plan should obtain school insurance. Forms are available at the Board of Education Office 19370 Vreeland, Woodhaven.

Parents – Please sign under **one** of the following statements:

1. In case of emergency, when authorized people noted above cannot be reached, school personnel has my permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my child.

Signature of Parent and/or Legal Guardian Date

2. In case of an emergency when authorized people noted above cannot be reached, school personnel are neither to tender nor arrange for medical treatment, other than first aid.

Signature of Parent and/or Legal Guardian Date

I, _____, UNDERSTAND THAT THE GIBRALTAR SCHOOL DISTRICT **WILL NOT BE PROVIDING ANY TRANSPORTATION** FOR TEAMS TO AND FROM ALL SCHEDULED ATHLETIC EVENTS. IT IS UNDERSTOOD THAT IT IS MY RESPONSIBILITY AS THE PARENT AND/OR LEGAL GUARDIAN TO PROVIDE OR ARRANGE TRANSPORTATION FOR MY CHILD FOR THESE EVENTS. THE GIBRALTAR SCHOOL DISTRICT WILL NOT BE HELD RESPONSIBLE FOR ANY INCIDENTS, PROBLEMS AND/OR ISSUES RELATING TO TRANSPORTATION PROVIDED AND/OR ARRANGED BY PARENTS.

Signature of Parent and/or Legal Guardian Date