

NAME _____
LAST FIRST
GRADE _____ SPORT _____



CENTRAL BUCKS SCHOOL DISTRICT - DOYLESTOWN, PENNSYLVANIA

EMERGENCY INFORMATION AND CONSENT

Student Address: _____ DOB: _____
Parent/Guardian: _____ Home Phone: _____
Day Phone: Father: _____ Mother: _____
Cell Phone: Father: _____ Mother: _____

PERSON TO CONTACT IN CASE OF EMERGENCY, OTHER THAN PARENT OR GUARDIAN:

Name (& relation): _____ Phone: _____

INSURANCE INFORMATION

Insurance Company _____ Subscriber: _____
Policy/Group #: _____
Pre-authorization Phone # (if needed): _____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____
Last Tetanus Shot: _____ Wears Glasses or contacts: _____
Chronic Conditions (i.e. asthma, diabetes, heart abnormalities etc.): _____
Any known allergies: _____
Current medications (include inhalers): _____
Other pertinent information: _____

MEDICAL CONSENT FOR TREATMENT

To whom it may concern:

The athletic staff (athletic trainer, coaches, or other school personnel) may apply first aid treatment for any injury or injuries sustained during participation in interschool athletics sanctioned by Central Bucks School District.

YES: _____ **NO:** _____

In the event of an emergency requiring medical attention every effort will be made to contact me before any treatment or hospitalization is undertaken. In case we cannot be reached, we give consent for the athletic staff to use their own judgment in securing medical aid, ambulance service, and if necessary hospital admittance.

YES: _____ **NO:** _____

PREFERRED HOSPITAL: _____

Parent/Guardian Signature: _____ Date: _____