

SES Athletics
Student Athlete Emergency Information

Name: _____
Address: _____

Please complete the following with the most reliable contact numbers.

PARENT/GUARDIAN NAME: _____
PHONE: _____
EMAIL: _____

PARENT/GUARDIAN NAME: _____
PHONE: _____
EMAIL: _____

If parents/guardians CANNOT be reached in an emergency please contact:

EMERGENCY CONTACT NAME: _____
PHONE: _____
RELATIONSHIP TO STUDENT: _____

Does the athlete have medical insurance? Yes [] No []

Medical Insurance Company: _____
Policy #: _____

I, hereby:

- attest that all the above information given is true.
- give my consent, in case this student is injured or becomes ill, for the school and/or its representative to secure medical aid, ambulance transportation, and for the medical agency to render treatment.
- give my consent to the team physician, athletic trainer and/or coach to apply first aid treatment until the emergency personnel can be contacted.

Parent Signature

Date