

Dutch Fork High School Department of Sports Medicine Player Consent / Medical and Eligibility Information Sheet

Emergency Information

Student's Name: _____
(First) (Middle) (Last)

Parent/Guardian's Name: _____

Address: _____

Date Of Birth: _____

Home Telephone Number: _____

Mother's Work Place: _____

Mother's Work Place Telephone Number: _____

Father's Work Place: _____

Father's Work Place Telephone Number: _____

Emergency Telephone Number/Name: _____

The Need For Using Medications or Allergies? Please List: _____

Insurance Information

Insurance Company Name/Is this an HMO: _____

Insurance Policy Number: _____

Policy Holder's Name and Date of Birth: _____

Policy Holder's Relationship to Athlete: _____

Lexington/Richland School District Five carries secondary health insurance on all athletes. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing Dutch Fork High School, the athlete should seek the attention of the certified athletic trainer as soon as possible so that a claim may be filed promptly. The certified athletic trainer will fill out a portion of the claim form and mail the form to the parent/guardian of the injured athlete. The parent/guardian should complete and mail the claim form to the insurance company. It is understood that Dutch Fork High School **cannot be held responsible** for any medical bills incurred because of illness or injury.

Eligibility Information

What Grade Are You In This Year? _____

What Grade Were You In Last Year? _____

What Calendar Year Did You Start The Ninth Grade? _____

Have You Ever Transferred Middle Schools or High Schools? _____

If Yes, Where and When Did You Transfer? _____

School's Name	Date
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Are You Repeating Any Courses This Semester? If Yes, Please List: _____

Consent For Medical Treatment / Release of information / Participation in athletics

As the parent or legal guardian of the above named student, I give my consent for his/her practice and play in athletic events. I grant permission to nurses, athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or emergency treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I certify that the medical history on the preceding pages is accurate to the best of my knowledge. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired may be used for research purposes to improve athletic care. I give the South Carolina High School League permission to examine the school records of the above student in order to verify eligibility.

Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____