

2010-11 PLATTE CANYON HIGH PARTICIPATION/EMERGENCY INFO CARD

Possession of this completed card by the athlete's head coach signifies that all requirements to participate in a PCHS activity have been met by the student and parents/guardians. Section A to be completed by the Office. Section B by parents/guardians. THIS CARD MUST BE WITH THE COACH @ ALL TIMES.

A. **FOR OFFICE USE ONLY:** Student- _____
Office Initials _____ First _____ M. _____ Last _____
Activity _____ Form1 _____ Form2 _____ Fee _____ DOB _____
Insurance Company- _____

B. TO BE FILLED OUT BY PARENTS/GUARDIANS: PLEASE PRINT

Parents/Guardian Names- _____
Address- _____
Phone #'s- _____
Home _____ Work _____ Cell _____
Alternative Emergency Contacts- _____
Name _____ Phone _____
Name _____ Phone _____
Family Doctor- _____ Phone- _____
Hospital Preference- _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray and/or immunizations for the above mentioned student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not available to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Permission is also granted for any EMT/Certified Athletic Trainer, or if not available, the coach, to provide the needed emergency treatment prior to the student's admission to the medical facility.

Parent/Guardian Signature - _____ Date - _____

2010-2011 PLATTE CANYON HIGH PARTICIPATION/EMERGENCY INFO CARD

Possession of this completed card by the athlete's head coach signifies that all requirements to participate in a PCHS activity have been met by the student and parents/guardians. Section A to be completed by the Office. Section B by parents/guardians. THIS CARD MUST BE WITH THE COACH @ ALL TIMES.

A. **FOR OFFICE USE ONLY:** Student- _____
Office Initials _____ First _____ M. _____ Last _____
Activity _____ Form1 _____ Form2 _____ Fee _____ DOB _____
Insurance Company- _____

B. TO BE FILLED OUT BY PARENTS/GUARDIANS: PLEASE PRINT

Parents/Guardian Names- _____
Address- _____
Phone #'s- _____
Home _____ Work _____ Cell _____
Alternative Emergency Contacts- _____
Name _____ Phone _____
Name _____ Phone _____
Family Doctor- _____ Phone- _____
Hospital Preference- _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray and/or immunizations for the above mentioned student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not available to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Permission is also granted for any EMT/Certified Athletic Trainer, or if not available, the coach, to provide the needed emergency treatment prior to the student's admission to the medical facility.

Parent/Guardian Signature - _____ Date - _____