

Elder High School
Student Athlete Emergency Information, Permission & Waiver Form

Name: _____ Fr. So. Jr. Sr. (circle one)
(Last) (Middle) (First)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ SS#: _____

Parent or Guardian to contact in case of emergency:

Name: _____ Daytime Phone: _____ []work []home

Cell Phone: _____ Evening Phone: _____ []work []home

Family Physician: _____ Preferred Hospital: _____

Office Phone: _____ Date of Last Tetanus Booster: _____

Food Allergies: _____

Drug Allergies: _____

List Any Current Medications (including both prescription and over-the-counter medications):

List any **previous** conditions, which may affect or limit your son's ability to participate in certain physical activities:

List any **current** conditions, which may affect or limit your son's ability to participate in certain physical activities:

Please read the following statements and sign below indicating your agreement:

I hereby grant permission for my son to participate in athletic activities at Elder High School (hereinafter referred to as "Elder") including but not limited to try-outs, practices, competitions, etc. I verify that my son has had a physical exam in the past year and is capable of participating. I acknowledge that any physical activity carries with it the risk of serious injury including, but not limited to, sprains, fractures, tendon, ligament and/or cartilage damage, paralysis or even death, and by choosing to participate in such activities the athlete and his guardian(s) assume the reasonable risks associated with them. In consideration for permission granted to participate in such activities I agree to indemnify and hold harmless Elder, agents, employees, and officers of Elder, and their successors, for any personal injury and/or legal action resulting from such participation.

Additionally, in the event my son is injured, I authorize emergency care to be administered by any hospital, physician, or other qualified individual in the event that I cannot be reached for any reason. I understand that it is my responsibility to notify the school regarding changes in any of the above information.

(Signature of Parent or Guardian) (Date)

(Signature of Student if over 18) (Date)