

Sport/Activity: \_\_\_\_\_



Revised 05-18-11dt

## Athletic and Activity Emergency Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact (other than parent/guardian) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policyholder \_\_\_\_\_ Member ID# \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Medical History \_\_\_\_\_

Allergies (medication, bee stings, etc.) \_\_\_\_\_

Medications \_\_\_\_\_

We understand that participation in co-curricular athletic activities provided by the Franklin Public School District may result in illness or injury and that students will not be allowed to participate in practices or competitions unless they are covered by an insurance plan that provides coverage for injuries. For those students that are not covered by a health plan, parents/guardians can purchase student accident insurance. Enrollment forms for student accident insurance are available in the Athletic and Activities Office at the High School. We authorize consent for communication between the athlete, parents, Franklin Athletic Department representative(s), the Orthopedic Institute of Wisconsin (OIW) and the Midwest Orthopedic Specialty Hospital (MOSH) representative(s), or any other healthcare provider to discuss any pertinent information in regards to any current or previous medical conditions.

We further authorize the Franklin Athletic Department representative or OIW/MOSH to take any necessary action as deemed appropriate in the event of any emergency medical situation. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Medical Facility (EMF) and for the EMF to treat the condition in the event that we are physically unable to give consent ourselves. I also give permission for OIW/MOSH representative(s) to perform any necessary evaluative procedures and follow up treatment of injuries sustained through participation in athletics or co-curricular activities.

We fully understand and agree to the participation of the below named athlete in co-curricular activities under the condition described above. Furthermore, we release the Franklin Public School District, the members of the Franklin Public School Board, and their respective employees and agents from any liability and claims for injury or illness that may occur during the participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand the Franklin Public School District does not provide health insurance on behalf of participants in such co-curricular activities, and that the financial responsibility for medical coverage for any injury or illness sustained as a result of participation in such co-curricular activities does not lie with the District. We understand that this release will apply to personal representatives, heirs, assigns, and myself and will remain in effect for a period of one year from the date below.

Name of Student \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_