

LAKE HAVASU HS STUDENT ATHLETE EMERGENCY CARD COACH COPY – 2017/2018

OFFICE USE ONLY

Name: _____ Grade: _____ Student Id # _____

B.C. _____

Birthdate: _____ Address: _____ Zip: _____

Physical _____

Home #: _____ Cell #: _____ Emergency #: _____

Inf. Consent _____

Parent/Guardian: _____ Doctor/phone #: _____

Handbook _____

Allergies: _____ Medicine: _____

Insurance _____

INSURANCE (required): Personal Ins. Co. _____ Policy # _____

Domicile _____

OR Student Accident Insurance. 24 hour _____ At School _____ Football _____

Enrollment _____

WRITE in Sport: FALL _____ WINTER _____ SPRING _____

Concussion Form _____

How Many Classes Enrolled In? _____ High School Yes/No Havasu Online Yes/No Homeschool Yes/No

Concussion Class _____

I(We) the undersigned parent(s)/guardian(s) of the student above named, do hereby give and grant unto any medical doctor or hospital, my(our) consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, or Lake Havasu High School. I(We) understand and agree that LHHS is not financially responsible for accident or injury resulting From my child’s participation in any school related activity and that I(We) assume this responsibility. I(We) give permission for above named student to participate in organized interscholastic athletics, realizing that such activity involved the potential for injury which is inherent in all sports. I(We) acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegic or death. **When traveling the coach will store and administer all medication per directions.**

Clear for Tryouts _____

Concussion Test _____

Fee _____

DATE STUDENT SIGNATURE PARENT SIGNATURE

Clear for Games _____

LAKE HAVASU HS STUDENT ATHLETE EMERGENCY CARD OFFICE COPY – 2017/2018

OFFICE USE ONLY

Name: _____ Grade: _____ Student Id # _____

B.C. _____

Birthdate: _____ Address: _____ Zip: _____

Physical _____

Home #: _____ Cell #: _____ Emergency #: _____

Inf. Consent _____

Parent/Guardian: _____ Doctor/phone #: _____

Handbook _____

Allergies: _____ Medicine: _____

Insurance _____

INSURANCE (required): Personal Ins. Co. _____ Policy # _____

Domicile _____

OR Student Accident Insurance. 24 hour _____ At School _____ Football _____

Enrollment _____

WRITE in Sport: FALL _____ WINTER _____ SPRING _____

Concussion Form _____

How Many Classes Enrolled In? _____ High School Yes/No Havasu Online Yes/No Homeschool Yes/No

Concussion Class _____

I(We) the undersigned parent(s)/guardian(s) of the student above named, do hereby give and grant unto any medical doctor or hospital, my(our) consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, or Lake Havasu High School. I(We) understand and agree that LHHS is not financially responsible for accident or injury resulting From my child’s participation in any school related activity and that I(We) assume this responsibility. I(We) give permission for above named student to participate in organized interscholastic athletics, realizing that such activity involved the potential for injury which is inherent in all sports. I(We) acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegic or death. **When traveling the coach will store and administer all medication per directions.**

Clear for Tryouts _____

Concussion Test _____

Fee _____

DATE STUDENT SIGNATURE PARENT SIGNATURE

Clear for Games _____