

EMERGENCY MEDICAL CARD

Student Name _____
 Birthday _____ Age _____ Phone _____
 Address _____ City _____ Zip _____
 Parents/Legal Guardians _____
 Home Phone _____ Cell Phone _____
 Emergency Contact Person _____
 Phone _____ Cell Phone _____
 Allergies & Health Disorders _____
 Insurance Co. Policy Number _____
 Family Doctor _____

Please choose all sports your student may participate in:

Football
 Volleyball
 Cross Country
 Wrestling
 Basketball
 Track & Field
 Fitness Club

Interim Health Questions: Has the student ever experienced any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Passed out or been dizzy during exercise
<input type="checkbox"/> Had chest pain during exercise
<input type="checkbox"/> Tires more quickly than his/her friends
<input type="checkbox"/> Ever been told he/she could have a heart murmur
<input type="checkbox"/> Had palpitations of the heart or skipped beats
<input type="checkbox"/> Had anyone in the family die of heart problems or die suddenly before age 50
<input type="checkbox"/> Had anyone in the family experienced unexplained fainting or seizures
<input type="checkbox"/> If you know of any reason this student should not participate in all sports, please describe _____
<hr/> <hr/> | <input type="checkbox"/> Ever had a prolonged, unexplained viral illness in the past, or recently
<input type="checkbox"/> Student use drugs: if yes, Name of drug: _____
<input type="checkbox"/> Ever been denied participation in sports
<input type="checkbox"/> Had injuries in the past year
<input type="checkbox"/> Had a surgical operation in the past year
<input type="checkbox"/> Is currently under a physician's care
<input type="checkbox"/> Is taking medication
<input type="checkbox"/> If yes, for _____
<hr/> <hr/> |
|--|---|

I hereby consent to my son/daughter participating in a co-curricular sport during the school year as directed by Jefferson County School District 509J. The participation in a sport that involves the movement of the human body carries with it the possibility of injury that could lead to death or permanent disability. Although this is extremely rare in middle school athletics, the possibility always exists. I am aware that there is a risk of serious injury involved in participating in athletics at District 509J schools.

In case of illness, accident, or emergency necessitating medical treatment, I hereby authorize the advisor or coach of my child to obtain the emergency medical treatment. I also release any liability of any kind with the actions taken in good faith by the school district personnel in providing emergency medical treatment. I further agree that school district personnel may seek the nearest available treatment from any physician or medical facility as they deem best able to provide said treatment in the best interest of my child.

I understand that Athletic Accident Insurance is no longer a requirement for participation in Jefferson County School District 509J's athletic programs. I recognize that in case of injury to my son/daughter, the cost of treatment, including emergency transportation, is my responsibility and not the responsibility of the school district. JEFFERSON COUNTY SCHOOL DISTRICT 509J DOES NOT PROVIDE STUDENT INSURANCE. I further understand that it is strongly recommended that my son/daughter be covered by medical insurance while participating in school-sponsored activities. I understand and accept the above statements and I understand that I accept full responsibility for the cost of treatment, including emergency transportation for any injury my child may suffer while participating in the school's interscholastic activity program.

I understand that student grades will be checked twice during the season. Students with more than one(1) failing grade (F) will be considered academically ineligible, and will not be allowed to participate until academically eligible. Continued ineligibility could result in dismissal from the sport.

I have received, understand and agree to the terms of the student athletic handbook.

Date: _____ Signature of Parent/Legal Guardian: _____