

Early Light Academy Emergency Card

Parents, please fill out both sides of this form

Student Athlete Info: _____
Name as it appears on the birth certificate Grade DOB

Residence: _____
Street Address Town

Since (Year) _____

Parent/Guardian #1

Name/relation:

Home Phone:

Work Phone:

Cell Phone:

Parent/Guardian #2

Name/relation:

Home Phone:

Work Phone:

Cell Phone:

Other emergency contact:

Name/relation:

Home Phone:

Work Phone:

Cell Phone:

Emergency Treatment Permission and Information

Allergies and/or special medical conditions
(list any medications carried by student): _____

Date of last Tetanus Booster: _____

Family Physician: _____ Physician's Phone: _____

Please explain any "Yes" to the following questions

Has your child had any injuries that required medical attention within the past year?

Has your child had any illness lasting more than one week, within the past year?

Is your child currently under a physician's care (other than periodic well-checks)?

Is your child currently taking any medications?

Do you know any reason why your child should not participate in ELA's athletics program?

I understand that participation in interscholastic athletics may result in severe injury, including paralysis, or even death. Improvement in equipment, medical treatment, and physical conditioning, as well as rule changes have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

I hereby authorize the school to obtain through a physician, certified athletic trainer, or qualified emergency personnel of its own choice, any emergency care that may become reasonably necessary for my child in the course of athletic activity or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

I hereby give my permission for the above named student to participate in the athletic program at Early Light Academy.

Insurance Information: You can provide a copy of your health insurance card attached to this form or fill out the information below.

Individual or Group Health / Accident Insurance _____
Company Policy

Claims contact information in the event of an emergency (phone number): _____

If no medical coverage indicated, parent/guardian assumes full responsibility of any payment due to emergency medical care.

Printed Name of Parent/ Guardian Legal signature of Parent/ Guardian Date

Any other comments regarding the health of your child or his/her ability to participate in charter league sports: