

ENFIELD PUBLIC SCHOOLS  
DEPARTMENT OF ATHLETICS

ATHLETE EMERGENCY INFORMATION

School \_\_\_\_\_

I hereby acknowledge I have read the Student/Athlete Handbook explaining the following:

- General Policies/Procedures
- Participation-Physicals & Permission Forms
- Insurance Plan
- CIAC Eligibility Rules
- Athletic Equipment Awards

I agree to adhere to these regulations while participating in athletics in the Enfield Public Schools.

Print name of student/athlete \_\_\_\_\_ Sports \_\_\_\_\_

Signed \_\_\_\_\_ student/athlete \_\_\_\_\_ date \_\_\_\_\_

I understand that such activity involves the potential for injury which is inherent in all sports. 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 or even death.

I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment, if required, when associated with an athletic injury or illness.

I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or travel.

\_\_\_\_\_ has my permission to participate in \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ sports \_\_\_\_\_

I give my consent for my child to participate in the Enfield Public Schools Athletic Program, and have read the Student/Athlete Handbook.

Signed \_\_\_\_\_ parent/guardian \_\_\_\_\_ date \_\_\_\_\_

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

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Grade \_\_\_\_\_ Mother \_\_\_\_\_

D.O.B. \_\_\_\_\_ Father \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Highly allergic to \_\_\_\_\_

Diabetic \_\_\_\_\_ Epileptic \_\_\_\_\_ Other \_\_\_\_\_

Asthma \_\_\_\_\_ Cardio Problems \_\_\_\_\_

Contact Lenses \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medications \_\_\_\_\_

Concussions \_\_\_\_\_ If yes, how many? \_\_\_\_\_

In the event parents cannot be reached, call: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Policy Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ (Parent or Guardian)

You have my permission to take whatever action is deemed necessary for the health and welfare of my child.

Signature \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_