

# DHS COACHES' ATHLETIC EMERGENCY FORM

(Kept securely by the coach at all times)

*Please Print*

Cleared/Not Cleared for Contact Sports/Non-Contact Sports on PE Date \_\_\_\_\_  
Signature School Nurse Reviewing PE \_\_\_\_\_ Date \_\_\_\_\_

## Athlete's

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ last first middle \_\_\_\_\_  
Grade \_\_\_\_\_ Season \_\_\_\_\_ Sport \_\_\_\_\_

List at least 4 and number 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> to call for illness or emergency.

\_\_\_\_ Mother \_\_\_\_\_  
name home phone cell phone work phone work town

\_\_\_\_ Father \_\_\_\_\_  
name home phone cell phone work phone work town

\_\_\_\_ Neighbor \_\_\_\_\_  
name home phone cell phone work phone home address

\_\_\_\_ Other \_\_\_\_\_  
name home phone cell phone work phone relationship

Family Physician: (1<sup>st</sup> choice) \_\_\_\_\_ Phone \_\_\_\_\_ Hospital of choice: \_\_\_\_\_

(2<sup>nd</sup> choice) \_\_\_\_\_ Phone \_\_\_\_\_ Stamford

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Norwalk

*Information for Health Care Providers in case of Emergency: Please check all that apply here and on back:*

\_\_ No \_\_ Yes **Allergic to:** \_\_\_\_\_ Usual treatment \_\_\_\_\_

\_\_ No \_\_ Yes **Medications** (taken at school or home) \_\_\_\_\_ Used for: \_\_\_\_\_

\_\_ No \_\_ Yes **Other health issue(s)** which may affect athlete in school, sports, or on trips: \_\_\_\_\_

### I. Authorization for Athletic Participation:

I/We give permission for \_\_\_\_\_ to participate in the Darien High School Interscholastic Athletic Program. I/We realize that such activity involves 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 a strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be severe.

### II. Athletic Rules:

I/We have read the Athletic Handbook and understand and accept all the rules therein. A copy of the Athletic Handbook is available on the DHS Athletic website (<http://www.darienps.org/darienathletics/>).

I/We understand that the violation of these rules may result in an athlete being suspended or dropped from the team.

\_\_\_\_\_  
Printed Name of Parent or Guardian Signature Date

\_\_\_\_\_  
Printed Name of Athlete Signature Date

**Please complete other side =>**

