

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 _____