

FALL _____ Sport _____

WINTER _____ Sport _____

SPRING _____ Sport _____

2017 - 2018 EMERGENCY INFORMATION CARD

Date _____

Gender : M F

Grade Entering 2017-2018 _____

Student's

NAME _____ (last) _____ (first) _____ (middle)

Date of Birth _____

Address _____

Phone _____

Parent or Guardian _____

Phone _____

In case of emergency, call first _____

Phone _____

Father's Employment _____

Phone _____

Mother's Employment _____

Phone _____

If above cannot be located, call:

(1st Choice) _____

Phone _____

(2nd Choice) _____

Phone _____

Family Physician (1st Choice) _____

Phone _____

(2nd Choice) _____

Phone _____

Family Dentist _____

Phone _____

(OVER)

(OVER)

<p><input type="checkbox"/> I do NOT have insurance and I DO NOT want to purchase the supplemental insurance. I assume all responsibilities for any accidental medical expenses incurred.</p> <p>Signature: _____ (Parent or Guardian)</p> <p>Date: _____</p>	<p>PROOF OF INSURANCE 2017 - 2018</p> <p>Goshen High School is no longer providing insurance to any student athlete, however, Goshen High School is offering a supplemental insurance policy for a fee.</p> <p><input type="checkbox"/> YES, I would like to purchase the supplemental insurance.</p> <p><input type="checkbox"/> NO, I do not want the supplemental insurance but do have an existing personal policy.</p> <p>Insurance Co.: _____</p> <p>Insurance Policy #: _____</p> <p>Date: _____</p> <p>Signature: _____ (Parent or Guardian)</p>
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(OVER)

(OVER)

2017 - 2018 REDHAWK CONTRACT

Since I have been selected as a member of a Goshen High School Athletic Team(s), I have read and hereby agree to abide by the rules and regulations of the Goshen High School Athletic Department. I also understand that I must abide by the team rules established by my coach(es).

Gender: M F

Grade Entering 2017-2018 _____

Name of Athlete (PRINT) _____

Signature of Athlete _____

Date _____

Since my son/daughter has been selected as a member of a Goshen High School Athletic Team(s), I/we have read and understand the warning on p. 1, the "mission, vision, and values", the introduction, and the code of conduct. I/we will do all that I/we can to help enforce the REDHAWK CODE OF CONDUCT AND DRUG AND ALCOHOL POLICY. I also give my son/daughter permission to participate in team fundraisers.

We give permission to the GHS Sports Medicine staff to disclose protected health information for purposes to treat, coordinate, or manage the athlete's health care. We may also disclose health information necessary to coaches, emergency contact persons, parent/guardians, or other Sports Medicine personnel.

Permission to Receive Medication

Yes or No (circle one): Permission is given to the Athletic Training Staff to administer over-the-counter medications.

List any medication NOT to be given: _____

Signature of Parent / Guardian _____

Date _____

GOSHEN COMMUNITY SCHOOLS uses athletic photos on GHS athletic web pages. PLEASE CHECK ONE OF THE FOLLOWING:

I grant GCS permission to use my son/daughter's name with any pictures used.

I do not grant GCS permission to use my son/daughter's name, with any pictures used.

If you have any questions concerning the rules and regulations of the Goshen High School Athletic Department please feel free to contact the GHS Athletic Director at 533-8651 Ext. 2524, 2527, 2525.

***The signed Code of Conduct, Emergency Medical Form, and Physical must be completed and submitted to the Athletic Office before the first practice or the athlete may not participate in that practice.

***The signed Drug Testing Policy Consent Form must be completed and submitted to the Athletic Office prior to the athlete competing in a contest if they were not enrolled in drug pool last year.

(OVER)

2017 - 2018 EMERGENCY INFORMATION CARD

IMPORTANT

Does your child have any medical condition that we should be aware of for his/her health and safety? YES NO
If YES, please explain: _____

Is your child taking any medication currently? YES NO If YES, medication name and dosage: _____

Does your child have any allergies? YES NO If YES, list them: _____

Does your child wear contacts? YES NO Does your child use an inhaler? YES NO

EMERGENCY MEDICAL AUTHORIZATION (Part I)

In the event that reasonable attempts to contact me (parent/guardian) or the other names listed have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by the available licensed physician or dentist. This consent does not cover major surgery unless the medical conditions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

DATE _____

Signature of Parent / Guardian _____

**IF YOU DO NOT COMPLETE PART 1,
IT IS IMPERATIVE THAT YOU COMPLETE PART II (Part II)**

I **DO NOT** give consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to _____

DATE _____

Signature of Parent / Guardian
(OVER) _____

NAME _____