

Festival Foothills Elementary Athletic Emergency and Clearance Card

Name: _____ Student ID: _____

Birthdate: _____ Gender: ___ F ___ M Grade: _____

Mailing Address: _____

Parent Contact Information:

Father: _____ Home Phone: _____ Cell: _____

Mother: _____ Home Phone: _____ Cell: _____

Guardian: _____ Home Phone: _____ Cell: _____

Preferred Hospital: _____ phone: _____

Preferred Physician: _____ phone: _____

In case of emergency, if parents cannot be contacted, please give a name of a relative or close friend who will assume responsibility.

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

If emergency service involving medical action or treatment is required and neither parent or guardian can be contacted, I hereby consent for the student named above to be given care. (Note: special conditions listed below)

Medication Allergies: _____

Medical Conditions: ___ Asthma ___ Diabetes (non-insulin) ___ Diabetes (insulin)
 ___ Allergies (List) _____ ___ Other _____

Athlete Insurance Information

Athlete has school insurance: (mark one) _____ yes _____ no

I request that _____ of Wickenburg Unified School District #9 be exempt from the school's accident insurance requirement for student participation in athletics. The above names student is currently covered and will continue to be covered during the present school year by an accident/health insurance policy issued by:

Insurance Company Name: _____

Policy Number: _____

The above mentioned policy will provide adequate and equivalent protections in the event of an injury to the above names student during a school supervised practice or game.

Parent/Guardian Signature: _____ date: _____

Office use only:

Fall Sport:	Winter Sport:
Physical date:	Physical date:
_____ permission form _____ sportsmanship form	_____ permission form _____ sportsmanship form
_____ informed consent _____ Athletic fee: _____	_____ informed consent _____ Athletic fee: _____