



BROKEN ARROW ATHLETIC TRAINING

Athletic Emergency Information & Consent Form

The information below is needed for participation in scholastic athletic activities for Broken Arrow Schools. Please complete the form below with all the appropriate information. This information is important for the medical and coaching staff of Broken Arrow Schools in the event that immediate medical attention be needed for your son/daughter. Please use black ink when completing this form.

Athlete Information:

Name: _____
Last First MI

School ID#: _____ Date of Birth: _____

School (fall 2008): _____ Grade (fall 2008): _____

Sport(s): _____
Fall Winter Spring

Emergency Contact Information:

Parent(s)/Guardian Name: _____
Last First Relation

Address: _____
Street City Zip

Phone: _____
Home Phone # Work Phone # Cell Phone #

Secondary Contact Information:

Last First Relation

Phone: _____
Home Phone # Work Phone # Cell Phone #

Medical Information:

Current Medications: _____

Allergies: _____

Pre-existing medical conditions: _____

Physician's Name: _____ Phone #: _____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned student to participate in scholastic athletic activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill/injured, I give my consent for physicians, coaches, certified athletic trainer(s), and other emergency medical staff to provide the appropriate medical care for such injuries.

Signature of Parent/Guardian

Date