

SCHOOL YEAR 2016-2017

GRADE _____ SPORT/ACTIVITY _____

TAHLEQUAH PUBLIC SCHOOLS

EMERGENCY RELEASE FORM

ATTENTION: This MUST be filled out COMPLETELY, signed by either a Physician, a Physician Assistant, licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice nurse by the Board of Nurse Examiners, signed by both the student and parent/guardian, and on file with the Athletic Trainer BEFORE the student will be allowed to participate in any class period practice, tryout, practice session, scrimmage, or game.

Student Athlete's Name _____

Sex M/F Age _____ Last _____ First _____ (MI) _____
Date of Birth _____ Home Phone (____) _____

Address _____ Zip _____

Mother's Name _____ Work # _____ Other # _____

Father's Name _____ Work # _____ Other # _____

In case of emergency, contact: Name _____ Phone # (____) _____

Family Physician _____ Phone # (____) _____

Circle your 1st choice of hospital in Tahlequah: **Tahlequah City Hospital / Hastings**

Insurance Information

Insurance Co. Name _____ Policy # _____

Name of Insured _____ Phone # (____) _____

Medical History

Allergies? Yes / No

Allergies to Medications? Yes / No

Asthma? Yes / No

Contacts / Glasses? Yes / No

Diabetes? Yes / No

Epilepsy? Yes / No

Heart Trouble? Yes / No

Please explain all "Yes" answers and list all drug allergies and/or medications taken regularly.

In the event that the parents/guardian of the above named student cannot be contacted, I hereby accept the emergency services of the team physician and athlete trainer and hereby authorize the athletic trainer, coach, and other school officials to sign such papers as may be required to obtain immediate medical attention necessary for the welfare and safety of such student. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of the said student.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

X _____

Parent or Guardian Signature

Date