

Athey Creek Middle School Athletic/Activity Information Form

Please list the class/activity in which you will be participating:

Class/Activity: _____

Emergency Information

(This form must be COMPLETELY filled out by participant or participant's parent (Please print):

Student's Name: _____ Year In School: _____ Birth Date: _____

Address: _____ Apt #: _____ City: _____ Zip: _____

Student's Phone: _____ Student's Email: _____

Mother's / Father's Name: _____

Mother's Phone: _____ Mother's Email: _____

Father's Phone: _____ Father's Email: _____

Emergency Contact (if parent can't be reached):

Name: _____ Relationship to Student: _____ Phone: _____

Health History – Please check all conditions that apply and explain below

_____ Seizure Disorder _____ Heart Disease _____ Diabetes _____ Asthma

_____ Life Threatening Allergy _____ Chronic Conditions _____ Other Health Concerns

If yes to any, please explain: _____

Yes____ No____ We give our consent for teachers to use their own judgment in securing medical aid in case the parents can't be reached.

Student's Doctor: _____ Phone: _____

Preferred Hospital: _____ Last Tetanus Immunization: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Agreement: In order to assure financial protection in case of injuries, which may occur, it will be necessary for your son/daughter to have medical insurance. If you have your own policy, please consult your agent to determine exact coverage before indicating that your student has necessary protection. For those who do not have insurance that covers after school activities, there are some options available, please contact the school office.

___ My child has adequate insurance. Insurance Company Name _____

Policy # _____

This form must be kept by the teacher throughout the class term.
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