

Ethel Hoppock Middle School

Emergency Information for Coaches

I. STUDENT INFORMATION

NAME	Grade ____ Teacher
Address	Home Phone #
Birth date ____/____/____	Gender ____ Male ____ Female

II. PARENTAL INFORMATION

Father/Guardian's Name	Cell #
Pager #	Employment #
Mother/Guardian's Name	Cell #
Pager #	Employment #

III. PARENTAL PARTICIPATION CONSENT

Winter	Basketball <input type="checkbox"/>	Cheerleading	Fall	Soccer <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Cross Country <input type="checkbox"/>
Spring	Baseball <input type="checkbox"/>	Softball <input type="checkbox"/>				

This sports program is sponsored by the Bethlehem Township Public Schools. Realizing that such activity involves the potential for injury, which is inherent in all sports, I/We the parents/guardians of the above-named student acknowledge that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning. I/we further more release said school district from all liabilities sustained by my child during or resulting from participation in above name sport, and the parent/guardian shall indemnify and hold harmless the school district and its employees or agents from any and all claims arising from participation in school sponsored sport activities.

Parent/ Guardian printed name:	Parent/ Guardian signature:
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IV. FIRST AID AND EMERGENCY CARE

I, as the legal parent/guardian, of the above-named child/student, hereby consent to and authorize the nearest hospital or health care facility and its physicians in charge of my child's care, to perform emergency treatment and/or diagnostic procedures as deemed necessary or advisable. Additionally, I understand that every attempt will be made to notify me if emergency care is needed for my child. I will not hold the school financially responsible for the emergency care and/or transportation for this child.

Hospital of choice (emergency care): _____

Insurance Co.	Primary insurer's name:	Policy #
Students Physician	Physician #	
Health Insurance Provider:	Phone #	Primary Insurer's name: Policy #
Parent/ Guardian printed name:	Parent/ Guardian signature:	

List one **emergency contact that will be able to pick up your child** in case you cannot be reached in an emergency.

V. ALTERNATE EMERGENCY CONTACT INFORMATION:

1st. Contact: Name	Home #
Relationship	Cell/Pager #
Employment #	

VI. HEALTH HISTORY INFORMATION FOR TEAM COACHES

N.J. State law restricts the distribution of a student's health information listed on the opposite side of this page without your written consent. For the health and safety of your child, please consider listing any health related information for released to your child's coaches.

Allergies: _____

Medical conditions: _____

Current medications: _____

