



ATHLETICS PROGRAM

Lordsburg Municipal Schools

Appendix D Emergency Information/Insurance Form

Parental Consent

I hereby give my consent for _____ to participate in interscholastic athletics. I understand that the financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and all medical personnel necessary. Lordsburg Municipal Schools may not pay doctors, dentists or hospitals for any treatment or rehabilitation of any child.

Parent Initials _____

Insurance

YES We have applied for student accident insurance through Lordsburg Municipal Schools.

- or -

YES We have accident insurance with _____, _____*
(Name of Insurance Company) (Policy #)

*Documentation of insurance must be provided with this form.

Medical History

I hereby state that I have reviewed the medical history of my child/ward and find the answers to the questions correct to the best of my knowledge. (Required for legal minors)

Parent Initials _____

Authorization for Medical Services

I/we request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event I/we cannot be reached, I/we, parent(s)/guardian(s) hereby designate the Athletic Director, Team Coach, Athletic Trainer, or his/her designee to act in my/our behalf for medical services. In the event we cannot be reached, and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child/ward. I/we hereby assume financial responsibility for all medical treatment and rehabilitation provided.

Parent Initials _____

Family Physician: _____ Phone #: _____

Address: _____
Street City State Zip

Family Dentist: _____ Phone #: _____

Address: _____
Street City State Zip

Hospital Preference: _____

Parent/Guardian Name: _____ Wk. Ph: _____ Hm. Ph. _____

Other Responsible Person: _____ Wk. Ph: _____ Hm. Ph. _____

Personal Medication Notification

For my own protection, I, the student-athlete, will inform the athletic trainer and/or medical doctors if I am taking any medication or using any ointment, liniments, balms, or have a metal implant in my body before receiving therapy or treatment of any kind in the training room. Any combination of the above and deep heat therapy could cause serious complications.

I/We parent(s), guardian(s), and student-athlete have read and understand the above document and agree to its contents.

Parent/Legal Guardian Signature

Date

Student Athlete Signature

Date