



Rockdale County Public Schools

954 N. Main Street • Conyers, Georgia 30012 • (770) 483-4713

Athletic Programs

Emergency Information & Consent

SECTION A | STUDENT INFORMATION [PRINT OR TYPE]

ATHLETE'S NAME _____

AGE _____

DATE OF BIRTH _____

GRADE _____

SCHOOL YEAR _____

PARENT / GUARDIAN NAME _____

DAY PHONE: _____

PRESENT HOME ADDRESS (street, city, zip) _____

EVENING PHONE _____

PERSON TO NOTIFY IN EVENT OF EMERGENCY _____

RELATIONSHIP TO STUDENT _____

DAY PHONE: _____

PRESENT HOME ADDRESS (street, city, zip) _____

EVENING PHONE _____

SECTION B | INSURANCE INFORMATION [PRINT OR TYPE]

NAME OF INSURED: _____

NAME OF INSURANCE COMPANY: _____

EMPLOYER OF INSURED: _____

POLICY / GROUP NUMBER: _____

SECTION C | MEDICAL HISTORY [PRINT OR TYPE]

ATHLETE HEIGHT: _____

ATHLETE WEIGHT: _____

LIST CHRONIC ILLNESSES (asthma, diabetes, etc.) _____

LIST SEASONAL OR FOOD ALLERGIES: _____

LIST CHRONIC INJURY TENDENCIES (sprained ankle, etc.) _____

ATHLETE WEARS PROTECTIVE BRACE (ankle, knee, elbow, etc.) _____

CURRENT PRESCRIPTION MEDICATIONS _____

CURRENT OVER-THE-COUNTER MEDICATIONS _____

SECTION D | EMERGENCY CONSENT AUTHORIZATION

I, _____, am the parent/legal guardian of

_____, who attends _____.

I consent to my child's participation in the following sports:

In the event that hospital care is needed and time allows, I prefer my child be taken to _____ (hospital).

In the event of an emergency that may arise from my child's participation in athletics, I hereby authorize the Certified Athletic Trainer (ATC) or athletic coaching staff of _____ (school) to consent to any medical treatment, diagnosis, and/or hospital care by a physician licensed in this state.

Signature of Parent/Legal Guardian _____

Date _____

