



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:

_____ (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