

# Fox Ridge Middle School Athletic Emergency Card

## Student Information

Grade \_\_\_\_\_ Sport \_\_\_\_\_ Fall Winter Spring

Student Last Name	First	Middle Initial	Home Phone #	Date of Birth
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Address	City	Zip Code
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Guardian #1 Name	Daytime Phone #	Nighttime Phone #	Cell Phone #
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Guardian #1 Name	Daytime Phone #	Nighttime Phone #	Cell Phone #
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## If a student's guardian cannot be contacted, please notify:

Emergency Contact #1 Name	Daytime Phone #	Nighttime Phone #	Cell Phone #
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Emergency Contact #2 Name	Daytime Phone #	Nighttime Phone #	Cell Phone #
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## Insurance Information

Name of Insurance Carrier	Policy #	Group #	Primary Person Insured
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### Brief health history:

(please check or fill out if any is applicable to the student)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epi Pen
<input type="checkbox"/> Medications	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic

If allergies: Life Threatening? Please list: \_\_\_\_\_

If medication: Please list: \_\_\_\_\_

Last DT/DPT Immunization: \_\_\_\_\_  
Month Year

**Please read and sign the authorization statement. My signature indicates that I have read and understand the authorization statement below. I agree to the statement as written.**

Date: \_\_\_\_\_ Signature of Guardian: \_\_\_\_\_

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities.

I fully understand that Cherry Creek Schools does not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, accident insurance is made available by the School District through an authorize agent. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

## Authorization Statement:

I do hereby authorize officials of the Cherry Creek School District to contact directly the persons named on this card in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.