

**North Judson-San Pierre Schools
Athletic Emergency Treatment Waiver
2017-2018**

This form is a protection that is vital to the insurance of your student-athlete's health. Please provide all the information that is requested.

Name of Student- Athlete: _____ Grade _____

Parents' Name: Mother _____ Father _____

Home Address: _____

Email Address: _____

Phone Number: Home _____ Work _____

Cell _____ Other _____

Has the Student-Athlete attended a different high school in the past 365 days? Y ___ N ___

Insurance and Hospital Information

Date of Birth: ____ / ____ / ____ Last Tetanus Shot: ____ / ____ / ____

Family Physician: _____ Office Phone: _____

Conditions, Allergies, Etc. _____

Insurance Company: _____ Policy #: _____

Parental Consent

We, the parents of _____ hereby authorize to the athletic staff of **NJSP Schools** any emergency medical treatment of my son/daughter should they become injured while participating. Included in this consent is permission to transport and treatment en-route to a medical facility should the injury be serious in nature. We also provide consent to the medical facility to perform any necessary procedures if we cannot be reached and we understand that **we are responsible** for any payment to said medical facility if insurance does not pay.

PARENTS SIGNATURES _____

This form should be included as part of the athletic physical & is required for participation in NJSP Athletics