

Milford School District
Emergency Information / Health Form
(to be completed by the parent/guardian – please print)

Full name of athlete: _____ Sport: _____ Sex: _____
Address: _____ Date of Birth: _____ Grade: _____
Town: _____ State: _____ Zip: _____ Home Phone: _____
Father: _____ Mother: _____
Home #: _____ Wk. #: _____ Home #: _____ Wk. #: _____
Cell #: _____ Cell #: _____
Email: _____ Email: _____

In case of an emergency, and a parent cannot be reached, please notify:

Name of responsible person: _____ Relationship: _____
Address: _____ Phone #: _____

Medical / Dental / Health Information

Name of Insurance Company: _____
Policy #: _____ Type of Coverage: _____
Physician's Name: _____ Phone #: _____
Dentist's Name: _____ Phone #: _____

Permission to Provide Emergency Treatment

On rare occasions when an emergency arises where a delay may jeopardize the life of the student, we hereby grant permission for an employee of the Milford School District to administer first aid, administer epinephrine, secure proper medical treatment and/or hospitalize my son/daughter provided they are unable to contact me, and according to their best judgment.

Acknowledgement of Risks

I hereby acknowledge an awareness that participation in sports involves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental disability, or death, and that these injuries may occur in some instances as a result of unavoidable accidents. I accept these risks in giving consent for the above stated student to participate in athletics at Milford Middle School.

Acknowledgement of Rules and Policies

I/We have read and understand the rules and policies stated in the "Guidelines for MMS Student Athletes". I/We agree to abide by these rules and policies and understand that if violated, then disciplinary action will be taken by the coach/administration. We also understand that the coach may have additional policies with regards to their specific sport. We further understand that athletic activities offered by Milford Middle School require dedication, hard work, teamwork and strenuous athletic exertion.

I/We understand all of the information contained within and give our son/daughter listed above permission to participate in the sport stated above.

Athlete's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Health Information

To further understand your child's desire to participate in this activity, we recommend that you inform us of any medical or health problems which you feel your child's coach should be made aware of. Please list this information on the back of this form.

