



**EMERGENCY INFORMATION/ PERMISSION TO PLAY AND TREAT**

**ATHLETE NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Town State Zip code

**Allergies to medications:** \_\_\_\_\_

**Current medications being taken:** \_\_\_\_\_

**Emergency medication(s) athlete is prescribed:** \_\_\_\_\_

**Past medical history** (check all that apply): Asthma Diabetes Seizures Sickle cell Depression  
Learning disability Anxiety Chronic Headaches

**Other:** \_\_\_\_\_

**GUARDIAN INFORMATION**

**Parent / Legal guardian name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Parent / Legal guardian name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**EMERGENCY CONTACTS**

In the event of an emergency involving my child, please contact the following person(s). Updates on injury status may be sent by medical staff through email.

**Emergency contact 1:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency contact 2:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**INSURANCE INFORMATION**

It is a policy of both the Vermont Principals Association and Lyndon Institute that all athletes have medical insurance in order to participate in athletics.

Insurance company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PERMISSION FOR TREATMENT** To the parent or guardian: In the case of injury acquired during interscholastic competition, I hereby consent to have the above named student to be examined and treatment by Lyndon Institute's athletics medical staff and, if required, to be treated by a physician or hospital. I am of the understanding that in case of injury, Lyndon Institute will make every effort to contact me prior to taking the student to a physician or hospital. In the event that I cannot be notified, Lyndon Institute and its representative has my permission to take appropriate steps to insure the safety and well being of my child. I, the parent/guardian of \_\_\_\_\_, give Lyndon Institute and authorized personnel permission \_\_\_\_\_ Student-athlete's name to sign for treatment in case of accident or injury.



**ASSUMPTION OF RISK** I am aware that playing or practicing in any sport can be dangerous in nature involving MANY RISKS OF INJURY – major and minor. Because of the dangers of participating in sports, I recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules and agree to obey such instructions. I/we understand that Lyndon Institute is not liable for any injury that may occur during participation in sports.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE