Elkins Middle School Athletic Department

 Emergency Care Information

Although it rarely occurs, an emergency can arise, whereby immediate action is required to preserve the health and welfare of a student- athlete. The agreement set forth below is designed to protect both student and Coach, if an emergency arises which requires the immediate action that a parent would take, if they were present. Since minors, as a general rule, may not be administered an anesthetic or have surgery performed on them without written consent of a parent or guardian, we are requesting that parent or guardians sign the following statement. Your signature will prevent a dangerous delay in case an emergency arises and all efforts to contact parent or guardian may have failed.

In the event of illness or injury to

A Coach, Trainer, Athletic Director or Principal is hereby authorized to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the extent and with the same effect as though we had given it.

 Date Parent or Guardian’s Signature Student- Athlete’s Birthday

Address

City, State ZIP

 Emergency phone numbers

Home phone Work phone

Beeper Cell phone

Family Doctor Name and Phone

Any Allergies or preexisting medical conditions:

Health Insurance Provider

Policy identification Number

Student’s Full Name

 ADAM WHITE - ATHLETIC DIRECTOR – (304)-636-9176