

Medical Emergency Information – North Mason School District

(Must be filled out for each sport season ~ at the time of registration for that season)

Student Name _____ Grade _____

Parent/Guardian _____

Home Address _____

Phones - Home _____ Work _____ Cell _____

Emergency Contact: _____

Phones - Home _____ Work _____ Cell _____

- Medications _____

- Allergies _____

- Medical History _____

MANDATORY ACCIDENT INSURANCE**(CHECK ONE)**

Option 1 _____ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through Myers, Stevens & Toohey (forms are available in the school offices).

Option 2 _____ My child is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Company Providing Insurance: _____

Policy or Group #: _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____**MEDICAL AUTHORIZATION**

The undersigned hereby authorizes North Mason High School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Washington for our child _____ when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable length of time by reason of absence from the community or otherwise.

Such consent may include but is not limited to administration of necessary anesthetics, medical treatment, tests, ex-ray, examination, transfusions, injections or drugs, and the performing of whatever operation may be deemed necessary or advisable. It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.

I consent to allow physicians or health care providers, including athletic trainers, to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary. (HIPAA Release)

I understand that the North Mason Sports Medicine Team has the final say on all "return to play" decisions.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____