

ATHLETIC EMERGENCY LOCATOR FORM

Athlete's Name		Date of Birth	
Parent Name			
Address			
Phone Number		Cell Number	

Does your student live with you? If not, please list additional contact information.

Parent Name			
Address			
Phone Number		Cell Number	

INSURANCE INFORMATION

Insurance Company		ID#	
Medical Clinic		Phone	
Hospital		Phone	
Dental		Phone	

EMERGENCY CONTACT

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

ALLERGIES OR OTHER MEDICAL CONDITIONS

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In the event that either parent or emergency contact person cannot be contacted by telephone I authorize the Wisconsin Heights School District to use discretion and seek medical attention/transportation.

Parent Signature	Date
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PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF FORM – 2018 - 2019

I certify that I have read, understand, and agree to abide by all of the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Please initial: _____

CO-CURRICULAR CODE OF CONDUCT

Requesting the parent and student signature on this page is done to help ensure students/parents awareness of the co-curricular code, however failure to have a signature page on file does not exempt a student from this code.

Please initial: _____

CONCUSSION POLICY

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____, the student/athlete hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

I, _____ the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Your signature below indicates you have read and understand the Parent-Athlete Rules of Eligibility, the Co-Curricular Code of Conduct and the Wisconsin State Concussion Policy. The following signatures are required prior to practice or competition for any Wisconsin Heights Athletes.

The administration retains the right to deal with any action not covered by this handbook. Administration may vary from the discipline offense procedures whenever the act deems necessary, but will always remain in accordance with WIAA guidelines.

Parent/Guardian's Signature	Please Print Name	Date
Student-Athlete's Signature	Please Print Name	Date