

Quabbin Regional Middle/High School Athletic Health/ Emergency Information

Name- (Full legal) _____ Gender _____
Date of birth _____ Grade _____ Sport _____
Address: _____
Town: _____ Home Phone _____
Parent/Guardian _____ Work/Cell Phone _____
Parent/Guardian _____ Work/Cell Phone _____
Emergency contact person _____
Emergency contact phone _____ Relationship _____
Physician-name & phone _____
Health Insurance Carrier _____ Number _____

Medical history/significant injuries- please list all- include year _____
Medications - please list all _____
Allergies- please include treatment if exposed _____

Participating in athletics involves strenuous physical activity. There is the possibility of potential injury up to and including death, during participation as well as a potential for long term consequences as a result of an injury.

The Quabbin Athletic Department ensures proper preventative safety measures will be utilized to reduce the risk of injury. It is the responsibility of the athlete and his/her parents/guardian to also take appropriate preventative measures to reduce the risk of injury. Responsibilities include: having a current physical examination on file in the nurses office; reporting injuries to the athletic trainer or school nurse promptly; following medical advice given by Quabbin's professional medical staff; properly caring for and maintaining athletic equipment; following proper conditioning techniques, obeying all safety rules and procedures of your sport; the MIAA, and those listed in the Quabbin Athletic Handbook.

Participating athletes and their parent/guardian are here in warned of the inherent risks associated with athletic participation. Student athletes and parents agree to participate with a full understanding of the risks, and accordingly hold harmless, the Quabbin Regional School District and its employees from any liability assumed by said participation.

In most cases, if an injury occurs to your child, an athletic trainer will be available to evaluate, treat, and make a plan of action with you and your child. This may include discussing pertinent medical or health related concerns with the school nurse, physicians, the coaching staff and or your child's educational team.

In the event of a serious injury or medical emergency, the athlete's parent/guardian or other contact cannot be reached, by signing below you grant permission for the athletic trainer, school nurse, athletic director, or team coach to make any medical emergency decisions regarding your child.

Parent Signature: _____ Date _____

To be completed by the school nurse

Date of last physical: _____ - normal physical **good for 13 months**

School Nurse Signature _____