

Form A-Turn this form into the high school office.

**2020-2021
WAYNE COMMUNITY SCHOOLS
EXTRACURRICULAR ACTIVITIES**

EMERGENCY INFORMATION

Student's Name:	DOB:	Grade Level:
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Emergency Contact Information

	Home #	Work #	Cell #
Primary Contact/Relationship:			
1 st Secondary Contact/Relationship:			
2 nd Secondary Contact/Relationship:			

Medical Provider Information

Student's Physician:	Telephone:
Student's Dentist:	Telephone:
Insurance Co.:	Name on insurance card: Insurance ID#:

Medical Background (for Athletic Participants)

Date of Tdap:	Blood Type:
Allergies to Drugs:	Allergies to Foods:
Student's medications an emergency responder should be aware of	
Other information an emergency responder should be aware of::	

Any other pertinent information coaches or sponsors should know about related to emergency response for the student: _____

Date: _____ X
(Signature of Parent/Guardian)

Over

**Permit to Attend Athletic Event/Medical Consent Form
2020-21**

It is understood that the child is still under school supervision, but neither the school district nor those in charge shall be held responsible in case of an accident.

In the event an accident or injury does occur, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and/or immunizations for the above named student.

The administration, staff, team trainer, or coach will apply first aid treatment until a doctor can be contacted. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact parents/guardians in the most expeditious way possible. If said physician is not able to communicate with parents/guardians, the treatment necessary for the best interest of the above named student may be given.

I/we acknowledge that parents/guardians are obligated to pay for professional medical and/or related services; the school shall not be liable for payment of such services.

I/we give our consent for administration, staff, coaches, trainers, and physicians to use their own judgment in securing medical aid and ambulance service in case, the parents/guardians, cannot be reached.

X	<hr style="border: 1px solid black;"/>	<hr style="border: 1px solid black;"/>
	Parent/Guardian Signature	Date

****This form is valid through the 2020-2021 school year.**