

St. Margaret Mary

Emergency Medical Treatment Sports Form

(Must be completed annually and accompany the Concussion Form)

Students legal Name: _____ Grade _____ DOB ___/___/___

Address _____ City _____ FL, Zip _____

Home Phone: _____ Mother's Cell: _____ Father's Cell: _____

Father's Work: _____ Mother's Work _____ Other# _____

Insurance: St. Margaret Mary School provides insurance coverage for all students while participating on interscholastic athletic teams sponsored by the school. There is no cost to the student-athlete or the athlete's family for this coverage. Triad Agency acts as a secondary co-insurer and will pay after they receive proof that your insurance company has settled with you. In case of an injury, the athlete is to report the injury, no matter how slight, to his or her coach immediately. The coach will notify the office. If a claim form is needed, the athlete or the athlete's parents are to request a claim form from the office.

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become necessary for the student in the course of athletic activities. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company named below which provides coverage for above named student.

My child has had a physical within the last 12 months and has no physical problems or limitations which could interfere with activities associated with the St. Margaret Mary School Sports Program. In the event of an accident, I will not hold St. Margaret Mary School or its representatives responsible.

Insurance Company Name _____ Group # _____

Physician's Name: _____ Physician's Phone # _____

Signature of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____ Date: _____