

**\*Please attach a copy of Insurance card: If there is no insurance please know that any treatment would be "self pay" for the parent/ guardian of the child**

**Emergency Medical Authorization for Stripes Athletes**

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone Number: \_\_\_\_\_

Does the Athlete have any chronic or ongoing medical conditions of which we should be aware? (Allergies, diabetes, contact lenses, heart conditions, etc.) Please list all medications with dosage, and /or drug allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Emergency Contact Information**

Name(s) of Parent(s) / Guardian(s) to Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

If Parent / Guardian cannot be reached, please contact:

Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In case of injury or sudden illness, I hereby grant consent to any hospital or doctor to render immediate emergency aid as might be required at the time for my child's health and safety. I understand and accept responsibility for the expense of this service. I also, will not hold Evangelical Pietist Church, anyone connected to Evangelical Pietist Church, any coaches, AD or anyone connected to the Stripes financially responsible for any accidents or injuries that might occur to my child while under their leadership. I also give permission to the Senedot Stripes to use images of my child for promotional purposes in promoting the Stripes.*

Name(print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for individuals 21 and under.**

My child \_\_\_\_\_, has permission to participate with the Senedot Stripes Sport program for the 2024-2025 School Year.

*\* If my child needs Ibuprofen, Tylenol, or TUMS I give permission for the coaching staff and AD to do so if needed. Please put an "X" here if this is okay \_\_\_\_\_.  
If you do not agree to this, please do not put an x. Thank you.*