

**Trinity High School**  
**Emergency Information Form 2011-12**

GRADE: \_\_\_\_\_

Please mark **ALL** sports in which the student will be participating in throughout the entire school year.

<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Boys Soccer	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf
<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Wrestling	
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Boys Tennis	<input type="checkbox"/> Softball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Girls Soccer	<input type="checkbox"/> Lacrosse

**ATHLETE INFORMATION**

NAME: _____ <small>FIRST LAST</small>	DATE OF BIRTH: _____
ADDRESS: _____ <small>STREET ADDRESS</small>	PARENTS: _____ <small>MOTHER FATHER</small>
_____ APT. # _____	CELL: _____
_____ CITY STATE ZIP CODE _____	WORK: _____
PHONE: _____ <small>HOME NUMBER</small>	E-MAIL: _____

**EMERGENCY CONTACTS**

- Will only be used in case of emergency situation in which parents cannot be contacted.

1) NAME: _____	2) NAME: _____	3) NAME: _____
RELATION: _____	RELATION: _____	RELATION: _____
HOME: _____	HOME: _____	HOME: _____
CELL: _____	CELL: _____	CELL: _____
WORK: _____	WORK: _____	WORK: _____

**MEDICAL CONDITIONS**

ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL CONDITIONS / CONCERNS:	MEDICATIONS:
LIST: _____	LIST: _____	LIST: _____
_____	_____	_____
_____	_____	_____

**INSURANCE & PHYSICIAN INFO**

COMPANY: _____	PHYSICIAN: _____
POLICY #: _____	PHONE #: _____
GROUP #: _____	DENTIST: _____
PHONE #: _____	PHONE #: _____
TYPE: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS	

\*\* DOES YOUR PHYSICIAN \_\_\_\_\_ OR INSURANCE CO. \_\_\_\_\_ NEED TO BE NOTIFIED PRIOR TO EMERGENCY CARE? \*\*

**HOSPITAL PREFERENCE**

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE EMERGENCY CARE PROVIDERS TO TAKE MY SON/DAUGHTER TO THE FOLLOWING HOSPITAL FOR TREATMENT. MARK A SPECIFIC HOSPITAL(S) OR "ANY HOSPITAL" IF THE NEAREST FACILITY IS PERMITTED. **REMEMBER, YOUR CHILD WILL BE PLAYING IN CONTESTS AWAY FROM TRINITY HIGH SCHOOL.**

ANY HOSPITAL  HOLY SPIRIT  HARRISBURG  COMMUNITY GENERAL  HERSHEY MEDICAL CENTER

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFORMATION RELEASE AUTHORIZATION**

BY THIS SIGNATURE, I HEREBY CONSENT TO ALLOW THE PHYSICIAN(S) AND OTHER HEALTH CARE PROVIDER(S) SELECTED BY MYSELF OR THE SCHOOL TO PERFORM A PRE-PARTICIPATION EXAMINATION ON MY CHILD AND TO PROVIDE TREATMENT FOR ANY INJURY RECEIVED WHILE PARTICIPATING IN ATHLETICS FOR HIS/HER SCHOOL DURING THE SCHOOL YEAR COVERED BY THIS FORM. I FURTHER CONSENT TO ALLOW SAID PHYSICIAN(S) OR HEALTH CARE PROVIDER(S) TO SHARE APPROPRIATE INFORMATION CONCERNING MY CHILD THAT IS RELEVANT TO MY CHILD'S PARTICIPATION WITH COACHES AND OTHER SCHOOL PERSONNEL AS DEEMED NECESSARY.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*PLEASE NOTIFY THE ATHLETIC TRAINER IF ANY OF THE ABOVE INFORMATION CHANGES THROUGHOUT THE YEAR 717-877-8172\*\***