

**LAKE HAVASU HS STUDENT ATHLETE EMERGENCY CARD COACH COPY – 2021/2022**

**OFFICE USE ONLY**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Id # \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical \_\_\_\_\_

Parent’s Cell #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Handbook, Inf. Consent, Enrollment Verification Form \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Doctor/phone #: \_\_\_\_\_

Insurance \_\_\_\_\_

Allergies: \_\_\_\_\_ Medicine: \_\_\_\_\_

INSURANCE (required): Personal Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Transportation Form A (required for each sport) \_\_\_\_\_

OR Student Accident Insurance. 24 hour \_\_\_\_\_ At School \_\_\_\_\_ Football \_\_\_\_\_

WRITE in Sport: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

Booster Club \_\_\_\_\_

How Many Classes Enrolled In? \_\_\_\_\_ at High School Online Yes/No Homeschool Yes/No

Domicile \_\_\_\_\_

I(We) the undersigned parent(s)/guardian(s) of the student above named, do hereby give and grant unto any medical doctor or hospital, my(our) consent and authorization to render such aid, treatment or care to said student, as in the judgment of the said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, or Lake Havasu High School.

AIA Consent to Treat \_\_\_\_\_

I(We) understand and agree that LHHS is not financially responsible for accident or injury resulting From my child’s participation in any school related activity and that I(We) assume this responsibility. I(We) give permission for above named student to participate in organized interscholastic athletics, realizing that such activity involved the potential for injury which is inherent in all sports. I(We) acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegic or death. **When traveling the coach will store and administer all medication per directions.**

AIA Concussion Form \_\_\_\_\_

AIA Position Statement \_\_\_\_\_

Brainbook Test \_\_\_\_\_

Opioid Test \_\_\_\_\_

**Transfer Student** (if yes see Athletic Office)

DATE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

YES NO

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