



Valders High School  
Sports Medicine Emergency Information and Consent

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Alternate Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

First, Try: ☐ Parent/Guardian ☐ Alternate Emergency Contact  
Then, Try: ☐ Parent/Guardian ☐ Alternate Emergency Contact

**STUDENT'S MEDICAL INFORMATION**

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Medical Conditions: (asthma, diabetes, previous head injuries, etc. Use back of sheet if needed) \_\_\_\_\_

☐ (continued on back)

Name of Medical Insurance Company or Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Is plan an HMO? ☐ Yes ☐ No

If plan is an HMO, what is your primary care facility? \_\_\_\_\_

**MEDICAL CONSENT TO TREAT STUDENT; AUTHORIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION**

*Consent may be required in order for Student to participate in an athletic program. Consent is effective until it is revoked by a parent or guardian, or until Student is no longer enrolled at the School.*

**If no box is checked, it is assumed that consent is NOT given.** Please check all applicable.

☐ **Yes** ☐ **No** If the athletic staff determines that Student is in need of immediate medical attention beyond that which can be provided by the athletic staff at School (and, if a minor, the Student's parent, guardian, or emergency contact cannot be reached) the athletic staff may use their judgment in securing medical aid, including ambulance service and admittance to a hospital if needed.

☐ **Yes** ☐ **No** The **Advocate Aurora Health, Inc.** athletic staff, including athletic trainers, coaches, or other qualified personnel ("**AAH staff**") may apply first aid treatment for any injury sustained during participation in athletic programs sanctioned by School; the athletic trainer may evaluate and treat other emergent or non-emergent Student injuries or medical conditions, including concussion baseline testing, brought to the athletic trainer's attention as they relate to the Student's physical activity, conditioning or injury prevention, regardless of whether or not the Student participates in athletics.

☐ **Yes** ☐ **No** If available at School, School's athletic trainer may provide appropriate treatment modalities, such as ultrasound and electronic stimulations to treat any Student injury or other medical condition.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is a minor) ☐ Parent ☐ Guardian (relationship) \_\_\_\_\_

Ahc.0419