

Durham Public Schools – Carrington Middle School
Student-Athlete Critical Contact Information

Today's Date: ____/____/____

School Year: 2019 - 2020

Name: _____
(Last) (First) (Middle)

Gender: M F Date of Birth: ____/____/____ Social Sec. # _____

Parent / Legal Custodian Information: _____ (Social Sec. # Optional)

Father's Name _____ Father's Work Number (____) _____

Employer _____ Father's Cell Number (____) _____

Mother's Name _____ Mother's Work Number (____) _____

Employer _____ Mother's Cell Number (____) _____

Home Street Address _____ County: _____

City _____ State _____ Zip Code _____ Home Phone: (____) _____

Alternate Emergency Contact: _____ Phone: (____) _____

Athlete Medical Information:

1. Are you **ALLERGIC** to any type of medication? **Y / N** List: _____

2. List any other allergies: _____

3. Do you take medications regularly? **Y / N** List: _____

4. Do you take medicine for emergency use? **Y / N** List: _____

5. Do you have **ASTHMA**? **Y / N** If so, do you use an inhaler? **Y / N** What kind? _____

6. During athletic participation, do you wear: glasses? **Y / N** contacts? **Y / N** dental appliance? **Y / N**

7. Do you have any other medical conditions? **Y / N** List: _____

8. Have you ever had a head injury, been knocked out, or had a concussion? **Y / N** List: _____

9. Have you ever had discomfort, pain, or pressure in your chest during or after exercise or complained of your heart "racing" or "skipping beats"? **Y / N** List: _____

Family Physician: _____ **Phone #:** _____

Insurance Information Provider Name: _____ Policy or Group # _____

Policy Holder's Name: _____ Phone # _____

Medical Authorization – As the parents or legal custodian of this student athlete I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer. This permission is valid during the entire duration of the student-athlete's enrollment at Durham Public Schools, unless revoked by me in writing.

Risk of Injury – We acknowledge and understand that there is a risk of injury in athletic participation. We understand that the student-athlete will be under the supervision and direction of a DPS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the DPS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Student – Athlete (print) _____ Signature _____ Date _____

Parent (print) _____ Signature _____ Date _____