

TO BE COMPLETED BY PARENT PRIOR TO THE START OF EACH SPORT

**Gibbsboro School
Emergency Information Sheet**

Athlete's Name _____ Date _____

Birth Date _____ Age _____ Grade _____

Parent/Guardian Name: _____

Address: _____

Home Phone _____ Work Phone _____

Cell Phone _____ Parent e-mail _____

Athlete e-mail _____

Person to contact in case of emergency other than parent/guardian:

Name _____ relationship _____

Home Phone _____ Work Phone _____

Medical History:

Chronic Illnesses (Diabetes, Asthma, etc) _____

Allergies _____

Current Medications _____

Family Physician _____ Phone _____

Hospital of Choice _____

I give permission for my son/daughter to participate in _____

(name of sport)

acknowledging that physical hazards may be encountered. I acknowledge that such activity involves the potential for injury and I release Gibbsboro School district and its employees or agents from claims for liability. I also give permission for the above information to be shared with appropriate coaching/teaching personnel. In the event of an emergency that may arise from my child's participation in school athletics, I hereby authorize the coaching staff of Gibbsboro School to obtain medical care as needed if they are unable to reach me.

Signature of Parent/Guardian _____ Date _____

I acknowledge receiving and reviewing the Gibbsboro School Concussion Policy.

Signature of Parent/Guardian _____ Date _____

Please be advised that if your child wears glasses during sports, new regulations require that students wear approved protective eyewear that meet the American Society for Testing and Materials lens and frame standards.