

Emergency Card
2017-2018

Student Name: _____ Date of Birth: _____ Grade: _____

First Family: Primary Phone: _____

Parent 1 Name:	Second Phone:	Third Phone:
Parent 2 Name:	Second Phone:	Third Phone:

Second Family: Primary Phone: _____

Parent 1 Name:	Second Phone:	Third Phone:
Parent 2 Name:	Second Phone:	Third Phone:

Emergency Contact (if parent/guardian cannot be reached):

Contact 1:	Relationship:	Phone 1:
Phone 2:	Phone 3:	
Contact 2:	Relationship:	Phone 1:
Phone 2:	Phone 3:	

Health Ins. Co: _____ Insurance Co. Phone: _____ Subscriber ID No.: _____

Medical Clinic Name: _____ Phone: _____

Physician's Name: _____ Hospital: _____ Hospital Phone: _____

Medical Conditions (type NA if not applicable):

Allergies (type NA if not applicable):

List Medications taken regularly (type NA if not applicable):

Other Information (type NA if not applicable):

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.

- The athletic staff, including athletic trainers, coaches, or other qualified personnel 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 brought to the athletic trainer's attention as they relate to the student's physical activity, conditioning or injury prevention.
- 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 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.
- 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.

If any of the pre-filled information is inaccurate and needs updating, please save this form after completing below and go back to the main screen of Family Access. Select "Student Info" on the left side bar. Select "Request Change for (Student's Name)" and choose the area that needs changing. Your changes will be processed and your Emergency Card will update upon approval of the changes.

Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPPA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping. I hereby authorize the staff of Kewaskum Schools to provide and secure any medical assistance or emergency treatment (above and beyond any routine contact with the athletic trainer/team doctor) on behalf of my son/daughter if I cannot be reached.

Parent Signature: _____ Date: _____