

Athletic and Activity Emergency Information



Sport/Activity: _____

Student's Name _____

Date of Birth _____

Address _____

City, Zip _____

Parent/Guardian Name _____ **Relationship** _____

Phone: Home _____ Work _____ Cell _____

Emergency Contact (other than parent/guardian): _____

Phone: Home _____ Work _____ Cell _____

Insurance Company _____

Policyholder _____ Member ID# _____

Policy # _____ Group # _____

Medical History: _____

Allergies (medication, bee stings, etc.): _____

Medications: _____

We understand that participation in co-curricular athletic activities provided by St. Augustine Preparatory Academy (Aug Prep) may result in illness or injury and that students will not be allowed to participate in practices or competitions unless they are covered by an insurance plan that provides coverage for injuries. We authorize consent for communication between the athlete, parents, Aug Prep Athletic Department representative(s), the Orthopedic Institute of Wisconsin (OIW) and the Midwest Orthopedic Specialty Hospital (MOSH) representative(s), or any other healthcare provider to discuss any pertinent information in regards to any current or previous medical conditions.

We further authorize the Aug Prep Athletic Department representative or OIW/MOSH to take any necessary action as deemed appropriate in the event of any emergency medical situation. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Medical Facility (EMF) and for the EMF to treat the condition in the event that we are physically unable to give consent ourselves. I also give permission for OIW/MOSH representative(s) to perform any necessary evaluative procedures and follow up treatment of injuries sustained through participation in athletics or co-curricular activities.

We fully understand and agree to the participation of the below named athlete in co-curricular activities under the condition described above. Furthermore, we release St. Augustine Preparatory Academy, the members of the School Board, and their respective employees and agents from any liability and claims for injury or illness that may occur during the participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand St. Augustine Preparatory Academy does not provide health insurance on behalf of participants in such co-curricular activities, and that the financial responsibility for medical coverage for any injury or illness sustained as a result of participation in such co-curricular activities does not lie with the school. We understand that this release will apply to personal representatives, heirs, assigns, and myself and will remain in effect for a period of one year from the date below.

Name of Student _____

Parent/Guardian's Signature _____ Date _____