# DCS ATHLETIC/ACTIVITY EMERGENCY INFORMATION

Student Name: _____ Birth Date: _____Grade: _____
LAST FIRST MI

Address: _____ Home Phone: _____

E-Mail Address: _____
Parent/Guardian Athlete

In case of illness, accident, or emergency to the student named above, the school is authorized to proceed as indicated below. NUMBER each item 1, 2, 3, etc. in order of desired action.

( ) Father: A.M. Phone Number _____ P.M. Phone Number _____

( ) Mother: A.M. Phone Number_____ P.M. Phone Number_____

( ) If parents cannot be contacted _____
Name Relationship Phone

( ) Family Physician (if possible) _____
Name Phone

( ) Take student to nearest emergency hospital.*

( ) Other_____

Allergy Information: (Food, Drugs, Insects) _____

Special Health Problems: _____

Medical Insurance: _____Group or I.D.# _____

** In case of emergency that needs immediate attention and neither parent can be reached, permission is granted for the school to secure proper medical attention. I will accept full responsibility. WARNING: There is possibility of serious bodily injury occurring when participation in athletic activities.*

Parent/Guardian Signature_____Date_____

Student Signature_____Date_____

## ATHLETIC/ACTIVITY TRAVEL RELEASE INFORMATION

This is to certify the above named student has my permission to use the following transportation for _____school year.
Year

✓ **Check all that apply:**

- ☐ 1. I will personally transport the above named student.
- ☐ 2. I give permission for the above named student to drive a vehicle. ODL#_____
- ☐ 3. I give my permission for the above named student to ride with a DCS approved driver.

I understand DCS Insurance will not provide coverage for the above transportation modes and vehicles. I agree to release DCS and its employees from all liability with reference to the above stated transportation. This form must be on file in the Athletic office and with the coach.

Parent/Guardian Signature_____Date_____