

Sport: _____



Season: Fall Winter Spring
Powder Puff Spirit

Athletic / Powder Puff Emergency Information Card
(This card must be completed by a Parent or Guardian)

Name of Athlete _____ (Print) **Date of Physical** _____

Address _____ Home Phone _____

Mother Cell/Work _____ Father Cell/Work _____

Person to contact in case a parent/guardian cannot be reached:

Name _____ Relationship to Athlete _____ Phone _____

Do you have any of the following conditions?

Allergies Yes No If yes, to what? _____

Asthma Yes No

Diabetes Yes No

Seizures/Epilepsy Yes No

Concussions Yes No If yes, date/grade ____/____ date/grade ____/____ date/grade ____/____

Do you have any previous or existing injuries/surgeries/conditions that might affect your athletic / powder puff participation?

If yes, describe: _____

I give the health care provider (e.g. athletic trainer, physician, physician assistant) and Children’s Hospital Colorado, as necessary at _____ school permission to evaluate and treat common injuries/wounds that might occur as a result of participating in athletics/powder puff. In the absence of the certified athletic trainer, the coach will use his/her best judgment to assist the injured athlete. I have read and understand the Medical Disclaimer on the bottom of this document.

EMERGENCY CARE:

In the event of an emergency, the coach is responsible for the following:

- A. Caring for the athlete. (Notify athletic trainer).
- B. Contact parents or guardian of the athlete. If parent or guardian cannot be reached, contact person designated on emergency card.
- C. If needed, seek professional care for the athlete.
- D. If needed, call “911”.
- E. If student is transported by ambulance or sent to hospital, contact the District Emergency Communications Center at (720) 972-4911.
- F. Complete a District accident report.
- G. Notify the school Athletic Director and/or the District Athletic Director.

MEDICAL DISCLAIMER:

Athletes have the responsibility of reporting their injuries/illnesses to their coach and the sports medicine staff/certified athletic trainer at their high school. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my coach and the sports medicine staff/certified athletic trainer at my high school. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to the sports medicine staff/certified athletic trainer.

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____