



SCHOOL _____ Grade _____

SEMINOLE COUNTY PUBLIC SCHOOLS, FL – ATHLETICS EMERGENCY CARD 20__-20__

ATHLETE _____ MALE FEMALE BIRTHDATE _____
 Last Name First Name (MM/DD/YY)

DATE OF PHYSICAL _____ Insurance () Birth Certificate () GPA _____ Eligible ()

PHYSICIAN'S NAME _____ PHONE _____

ALLERGIES _____ EYE GLASSES: YES NO CONTACTS: YES NO

MEDICATIONS _____ EMERGENCY MEDICATIONS: _____

MEDICAL CONCERNS: _____

MOTHER'S NAME _____ Cell Phone _____ Home Phone _____

FATHER'S NAME _____ Cell Phone _____ Home Phone _____

HOME ADDRESS _____
 (Number & Street) (Apt. #) (City) (Zip Code)

PERSON AUTHORIZED TO CARE FOR STUDENT IN CASE PARENT CANNOT BE REACHED:

NAME _____ ADDRESS _____

PHONE _____ CELL PHONE _____ RELATIONSHIP _____

Your insurance must remain current during this sport. You must notify your coach immediately if you change residence, cell phone number or no longer have insurance coverage.

SCPS Form 1416 (Rev. 2/22/16) SB

**** COMPLETE BOTH SIDES OF THIS FORM ****

PARENTAL CONSENT

STUDENT'S FULL NAME _____ AGE _____

SCHOOL _____ GRADE _____

I consent to the sharing of my child's health information as listed on the reverse side with appropriate school personnel unless specified in writing to the principal.

In the event of serious accident or illness, I request that the school contact me. If I cannot be reached, the school may make the necessary arrangements to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or medical facility. I will assume responsibility of payment for services rendered.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact a parent/legal guardian, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child.

All medical concerns regarding my child have been provided on this card for the care of my child.

We have health insurance through _____
 (NAME OF COMPANY) (POLICY #)

We have purchased Student Accident Insurance to supplement my personal insurance. YES NO
https://schoolinsuranceofflorida.com/pages/parent_pages/9035

PARENT OR LEGAL GUARDIAN _____ DATE _____
 (SIGNATURE)

**THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA
WAIVER AND RELEASE FOR ATHLETIC PARTICIPATION**

I. Student Release and Waiver – to be signed by student

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury and even death is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be otherwise emancipated, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action against any of the above listed parties involving my participation in athletic activities.

I have read this waiver carefully and know it contains a release

Student name (printed)

Student Signature

Date

II. Parental Release and Waiver – to be completed by parent/guardian or adult student with legal authority to make educational decisions

I know of and acknowledge that my child/ward is participating in interscholastic activities and such participation includes risks, including serious injury and even death. I voluntarily accept any and all responsibility for my child's safety and welfare while participating in athletics and fully understand the risks involved. On behalf of myself and my child, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my child's school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action on behalf of myself or my child against any of the above listed parties involving my child's participation in athletic activities.

I have read this waiver carefully and know it contains a release

Parent/Guardian name (printed)
(or adult student)

Parent/Guardian signature
(or adult student)

Date