

DEPARTMENT OF ATHLETICS
BRISTOL PUBLIC SCHOOLS

Dear Parent or Guardian:

The following forms are for use if we cannot contact you in the case of an emergency.

Form A is the information the hospital requires prior to treatment. This information will be held in strict confidence. The forms will be taken to all games and practices.

The permission form (Form B) will be used only if the hospital cannot contact you. Help us provide the best health care for our student-athletes and your children by filling it out completely. If you have any questions, don't hesitate to ask.

Sincerely,

Christopher Cassin

Supervisor of Athletics

FORM A

Name _____ Age _____ Sex _____ Birth Date ____/____/____
 Address _____
 Home Phone _____
 Parent or Guardian Name _____ Cell Phone _____
 Employer of Parent or Guardian _____
 Address of Employer _____ Phone _____
 Insurance Company _____
 Policy # _____ Name of Policy Holder _____
 Hospital Requested _____ Physician Requested _____
 Is student allergic to any medication? Yes / No What? _____
 Is student currently taking any medication? Yes / No What? _____
 Any food allergies or symptoms? _____
 Do these allergies require Epipen or Benadrly? Yes / No. If yes, circle one.
 Severe Bee Sting Allergy? Yes / No
 Does student requires use of Epipen / Benadryl? Yes / No If yes, circle one. Other _____
 Asthma? Yes / No
 If yes, check one: Mild _____ Moderate _____ Severe _____ Exercise Induced _____
 Date of last episode _____ Asthma medication? Yes / No What? _____
 Seizures? Yes / No Date of last seizure _____ Type _____
 Diabetes? Yes / No
 Does the student require the use of Insulin Pump _____ Pen _____ Injections _____ Other _____
 Any other medical conditions the coach should be made aware of? _____
 Last Tetanus Toxin _____

*Emergency Contact Name _____ Phone _____
 Relationship to Student _____

*Emergency Contact Name _____ Phone _____
 Relationship to Student _____

FORM B

I give permission for my child to participate in interscholastic sports at _____
For the school year _____. **school**

I give my permission for the Bristol coaching staff to seek medical treatment for _____
in case of injury or illness that occurs while participating in school sponsored activities if I cannot be
reached to give my consent to emergency personnel.

Signature of Parent or Guardian

Date

Sport