

# Dodgeland Athletic Emergency Medical Information

401 S. Western Avenue Juneau, WI 53039 Phone 920-386-4404 FAX 920-386-2601



Date \_\_\_\_\_ Current Sport \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent(s) Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## ***Contact Person Other Than Parent/Guardian:***

**#1 EMERGENCY CONTACT** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**#2 EMERGENCY CONTACT** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

***In case of an accident or injury and parent/guardian cannot be reached, what doctors do wish to be contacted?***

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_

DENTIST \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Current Medications \_\_\_\_\_ Please note any allergies, conditions, &

restrictions: \_\_\_\_\_

May Acetaminophen (Tylenol) be given? YES \_\_\_ NO \_\_\_ May Ibuprofen be given? YES \_\_\_ NO \_\_\_

## ***MEDICAL TREATMENT CONSENT***

In case of accident or serious illness, school personnel/coach/athletic trainer is requested to contact the emergency numbers above. If none can be reached, and if necessary, I authorize my child to be transported via ambulance to the nearest hospital for the safety and welfare of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## ***ImPACT (Immediate Post-concussion Assessment & Cognitive Testing)***

I give my child permission to have ImPACT administered to obtain a baseline concussion measurement in the event he/she sustains a concussion during athletic participation. ImPACT is used as an added safety measure when assessing an athlete's ability to return-to-play. ImPACT results may be released to my child's physician, neurologist, or other healthcare specialist.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_