

Emergency Medical Information Form
West Chester Area School District
West Chester School District Rugby Football Club

Student Name: _____ Birthdate _____
Last First Mid Init

Parent(s) Guardian(s): Name _____ Emergency Phone # _____

Parent(s) Guardian(s): Name _____ Emergency Phone # _____

List TWO people who will assume temporary care of your child if you are unavailable:

1. Name _____ 2. Name _____

Relationship _____ Relationship _____

Contact Phone # _____ Contact Phone # _____

Please record the date(s) for the following immunizations (if known):

DT/T (Diphtheria/Tetnus) _____ Hepatitis B #1 _____ #2 _____ #3 _____

Chicken Pox _____

ALLERGIES and ASTHMA

Bee Sting Allergy? YES NO

If yes, explain reaction and treatment: _____

Other Allergies (Latex, Food, Medication, etc) _____

ASTHMA YES NO If yes, do you use a Rescue Inhaler? YES NO

Name of Rescue Inhaler Medication: _____

If you use a Rescue Inhaler, understand this Inhaler must be present at all athletic activities for you to be permitted to participate.

Specific Health Problems (Diabetes, Circulatory/Pulmonary Conditions, etc)

Physician's Name and Phone Number _____

Permission to Medically Treat/HIPPA Release/Consent Statement: We certify to the best of our knowledge that all of the information herein is true and complete. We CONSENT to the participation of the above named student to commence practice and participation in athletic contests, including travel to and from these contests during the current school year in Rugby. We also agreed to medical treatment as deemed necessary by the physician(s) designated school authorities. We give permission for medical personnel, at their discretion, to release my child's school health records medical information, including information from the History Form to those individuals deemed necessary by the medical personnel. The nurse, athletic director, and/or athletic trainer will determine the need-to-know basis. We have read and understand the WCASD Athletic Eligibility Information form.

Parent or Guardian Signature

Date