

# BUFFALO PUBLIC SCHOOLS ATHLETIC EMERGENCY SHEET

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

City: Buffalo State: NY Zip Code: \_\_\_\_\_ Sex: M F

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## IN AN EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE REACHED, NOTIFY:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

MEDICAL ALERT: \_\_\_\_\_ Allergies? \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

### BUFFALO PUBLIC SCHOOLS Certification by Parent or Guardian

To Whom It May Concern:

In the event I cannot be reached, I hereby give permission for my child, \_\_\_\_\_ to receive whatever medical attention deemed necessary for any injury while he/she is participating in sports events sponsored by the Buffalo Public Schools. I also understand that should my child's lenses (contact/glasses) become displaced or damaged, I am responsible for replacement.

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

If a parent or guardian does not wish to sign this release, they will be expected to inform the coach on how they can be contacted prior to each practice and contest they cannot attend.

Special Instructions: \_\_\_\_\_