

DEPARTMENT OF ATHLETICS
BRISTOL PUBLIC SCHOOLS

Dear Parents 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,

Supervisor of Athletics

FORM A

Name _____ Age _____ Sex _____ Birth Date ____ / ____ / ____

Address _____

Home Phone _____

Parent or Guardian _____ Cell Phone _____

Employer of
Parent/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? _____

Last Tetanus Toxin

*Emergency Contact

Name _____ Phone _____

Relationship to

Student _____

FORM B

I give permission for _____ to participate in interscholastic sports with the Bristol Public Schools at _____ (school name).

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