

Newark Valley High School District

68 Wilson Creek Rd.
PO Box 547
Newark Valley, NY 13811

Interscholastic Athletic Parental Consent – Emergency Medical Form

Student Name: _____ **Date of Birth:** _____ **Gender:** _____ **Grade:** _____ **Age:** _____

Address/P.O.Box: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Cell Phone #:** _____

Sport: _____

Student resides with (circle one): Parents Mother Father Step-Mother Step-Father Other

Father's Name: _____ **Mother's Name:** _____

Father's Phone Number: _____ **Mother's Phone Number:** _____

-It is realized that participation in athletics, contact or non-contact, involves a certain amount of risk from injury. Knowing this, I give my son/daughter permission to participate in the above named sport.

-It is the student's/parent's responsibility to report any injury or illness that occurs during the season.

-In the event that I cannot be contacted, I as parent/guardian of the above named student hereby give permission for a hospital or physician to administer treatment to my child, in the case of an emergency while under the supervision of Newark Valley School Personnel.

Emergency Contact person(s): _____ **Relationship:** _____ **Phone:** _____

Physician Name & Phone: _____ **Dentist Name & Phone:** _____

Preferred Hospital: _____

Insurance Company Name & Policy Number: _____

Parent/Guardian Signature _____ **Date** _____

I have read and will encourage the above student-athlete to adhere to the team, athletic, and school code of conducts required by the Newark Valley School District.

I have read and will abide by the Newark Valley Code of Conduct for Parents.

Father/Guardian Signature _____ **Date** _____

Mother/Guardian Signature _____ **Date** _____

I have read and will abide by the team, athletic, and school code of conducts as required by the Newark Valley School District.

Student-Athlete Signature _____ **Date** _____

