

Mercer Island School District #400  
**Athletic Medical Emergency Authorization Form**

Date \_\_\_\_\_

**Sport trying out for:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_  
(Last) (First) (Init.)

**Home Phone** \_\_\_\_\_ **Father's Wk. Phone** \_\_\_\_\_ **Mothers' Wk. Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Father's Cell Phone** \_\_\_\_\_ **Mother's Cell Phone** \_\_\_\_\_  
(House) (Street)

\_\_\_\_\_ **Email Address** \_\_\_\_\_  
(City) (State) (Zip.)

**Emergency Contact Name** (other than parent) \_\_\_\_\_ **Emergency Contact Phone** \_\_\_\_\_

**Allergies** \_\_\_\_\_ **Drugs allergic to:** \_\_\_\_\_ **Date of Last Tetanus Shot** \_\_\_\_\_

**Regular Medication** \_\_\_\_\_ **Chronic Illness** \_\_\_\_\_

**Significant Injuries or Illness** (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

*Date Injury Location on Body Comment*

1. \_\_\_\_\_

2. \_\_\_\_\_

**Other past medical conditions that the school should be aware of are:** (add any comments on students's physical condition deemed important):

\_\_\_\_\_

**Choice of Physician to be called in case of an emergency:**

1. **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Choice of Hospital to be used** \_\_\_\_\_ **Health Insurance Co.** \_\_\_\_\_

*As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.*

**SIGNED** \_\_\_\_\_ **(Parent or Guardian)** *Top Copy: Coach 2nd Copy: Trainer 3rd Copy: Office*

In case of emergency, this vital medical information represents your child in your absence.

AM/val/Printing Center/HSS/storage/HS Athletic Medical Emerg.Cards/Created:6-6-06/Rev:4-29-08/Printed: 29-08-2008

# REPEAT ELIGIBILITY INFORMATION - Mercer Island High School

(For students who previously participated in a sport in the current school year; also for those who turned out for 2008-2009 Cheer and Drill Try-outs)

**For Winter 2008-2009 participation in sports, eligibility packets are due by Monday, November 3.  
For Spring 2009 participation in sports, eligibility packets are due by Monday, February 9.**

**Please complete these forms and a new emergency card and return to Ann Meisner, Athletic Coordinator, at least two weeks prior to the start of practice. Please pay your \$175 sport fee in the ASB Office and bring your receipt when you return this form. Any questions, please contact Ann Meisner, (206) 236-3429, ann\_meisner@misd.wednet.edu**

Today's Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

Home Phone Number: \_\_\_\_\_ Student Cell Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Sport turning out for:

Sport (s) PREVIOUSLY turned out for this school year in the fall, winter and/or spring:

- |               |                       |                        |                        |                  |
|---------------|-----------------------|------------------------|------------------------|------------------|
| <u>FALL</u>   | _____ Boys Golf       | _____ Boys Tennis      | _____ Boys Water Polo  | _____ Drill Team |
|               | _____ Cross Country   | _____ Football         | _____ Girls Soccer     |                  |
|               | _____ Girls Swim/Dive | _____ Volleyball       | _____ Cheerleading     |                  |
| <u>WINTER</u> | _____ Boys Basketball | _____ Girls Basketball | _____ Boys Swim/Dive   |                  |
|               | _____ Gymnastics      | _____ Wrestling        |                        |                  |
| <u>SPRING</u> | _____ Baseball        | _____ Softball         | _____ Girls Golf       |                  |
|               | _____ Boys Soccer     | _____ Girls Tennis     | _____ Girls Water Polo |                  |
|               | _____ Boys Lacrosse   | _____ Girls Lacrosse   | _____ Track and Field  |                  |

**NOTE:**  
**Please be sure a  
RISK LETTER  
and  
EMERGENCY  
CARD  
are attached to this  
form.**

**Directed Athletics:** I wish to receive credit for directed athletics as described in the Initial Eligibility Packet. (1) season= (.5) credit, maximum 2 semesters= (1.0) credit. (If you already have the max, do not sign below.)

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

**At Mercer Island High School, we strive to protect each student from possible injury while engaging in school activities. The guidelines which have been established for your athletic activity are in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, and safety procedures are important aspects of this training program which will be explained to them by their coach and to follow his/her standards. Please understand the importance of safety and how it relates to physical health. Be certain to ask the coach about the specific guidelines for your sport.**

**IT IS UNDERSTOOD THAT THE PERMISSION, INSURANCE, AND HEALTH/PHYSICAL EXAM INFORMATION FROM THE INITIAL ELIGIBILITY PACKET ARE VALID FOR THE ENTIRE SCHOOL YEAR. I UNDERSTAND THIS AND MY SON/DAUGHTER HAS MY PERMISSSION TO PARTICIPATE IN THE ABOVE MENTIONED SPORT.**

**IT IS ALSO UNDERSTOOD THAT THE ATHLETIC CODE, THE ACADEMIC CODE, THE CODE OF ETHICS AND SAFETY FORM SIGNED IN THE INITIAL ELIGIBITY PACKET ARE ALSO VALID FOR THE WINTER AND SPRING SPORTS SEASONS.**

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

On Roster: _____	Emer Card to Coach: _____	Risk Letter Attached: _____	Exam Exp: _____
Transfer to: _____	Fee Paid: _____	Clearance Slip: _____	Clear Exp: _____