

**Prairie Middle School
Athletic Emergency Information**

Last Name First Name Grade Gender Birth Date

Home Address

Parent/Guardian Name Phone Cell Phone Email

Parent/Guardian Name Phone Cell Phone Email

If a student's parents cannot be contacted, please notify:

1st Contact Name Cell Phone 2nd Contact Name Cell Phone

INSURANCE INFORMATION

Name of Insurance Carrier Policy # Group # Phone

Primary Person Insured What emergency facility does your insurance approve?

Please check if your student has/had any of the following:

Allergies _____ Epi Pen Medication/Life Threatening Allergies
 Concussion month/year _____ Asthma Diabetes Orthopedic
 Medication _____ Other Conditions:

AUTHORIZATION STATEMENT: I do hereby authorize officials of the Cherry Creek School District to contact directly the persons named on this form in an emergency for the health of said child. In the event that parents/guardians or other persons named on this form cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.

I AGREE TO THE ABOVE STATEMENT AS IT IS WRITTEN:

Date: _____ Signature of Parent/Guardian: _____

Please be sure to fill in all insurance information carefully. If your insurance information changes during the school year, please send the new information to the Athletic Department.

TRANSPORTATION LETTER

As the parent/guardian of _____, I have read the Parent's Letter and understand the expectations required for participation in the Athletic Program at Prairie Middle School. I understand that no athlete may participate in interscholastic sports at any middle school in the Cherry Creek School District without an Athletic Emergency Card on file in the Athletic Director's office and having paid the Athletic Fee.

Athlete Signature: _____

Parent/Guardian Signature: _____ Date: _____

Prairie Middle School Athletic Team - Transportation Form

Name of Athlete: _____

Name of Parent/Guardian: _____

PRACTICE DAYS

My child walks home or gets picked up Yes No

My child rides the late bus after practices. Yes No

Telephone Number of Parent/Guardian: _____

MEET DAYS

After home meets, my student can walk home after the game. Yes No

AWAY GAMES - Athletes must check out with the coach if leaving with a parent!

When the bus arrives back at Prairie, my child can walk home. Yes No

Signature of Parent or Guardian: _____

Phone Number: _____

THERE IS NO LATE BUS FOR AWAY GAMES YOUR CHILD MUST GET PICKED UP IF THEY DO NOT HAVE PERMISSION TO WALK HOME.