



Middle School Athletic Department

Student Emergency Information Form

Student's Name (*please print*) _____

Last

first

middle

Birth date: _____ Grade: _____

Address: _____ City/Zip: _____

Full Name of parent (guardian) _____

Father's work phone: _____ Mother's work phone: _____

Emergency Contact: _____ Phone: _____

Medical Facts Requiring Special Attention: (drug allergies, medication, diabetes, heart disease, etc.) _____

Date of last tetanus shot: _____

In the event that we cannot be contacted, I give permission for FWCS Middle School to transport and seek medical evaluation for _____

Name of the child

Insurance carrier: _____

Policy Number: _____ Group Number: _____

Hospital Preference: Dupont Lutheran Parkview St. Joseph

Family Physician: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Family Optometrist: _____ Office Phone: _____

Athletic Code of Conduct

I understand the FWCS Middle School Athletic Code and Academic Eligibility Grade Policy and agree to abide by the guidelines listed. All participants in a school athletic program shall be governed by local and state laws, the FWCS School Behavior Code, the Middle School Athletic Code and the individual school rules for participation.

STUDENT'S NAME (*please print*) _____ GRADE _____

STUDENT'S SIGNATURE _____

PARENT'S SIGNATURE _____ DATE _____

Concussion Acknowledgement and Signature Form
For Parents and Student Athletes

Student Athlete's Name (please print): _____ **Grade:** _____

Sport (s) Participating In: _____ **Date:** _____

Due to the new law "Student Athletes: Concussion and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussions and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a middle school student athlete and student athlete's parent must be given an information sheet and both must sign and return a form acknowledging receipt of the information to the student athlete's school athletic director which will be shared with the student athlete's coach. The law further states that a middle school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance form a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parent(s)—please read the "Heads Up-Concussion in Youth Sports-Parent/Athlete Concussion Information Fact Sheet" and ensure that your child has also received and read "Heads Up-Concussion in Youth Sports- Parent/Athlete Concussion Information Fact Sheet". After reading these fact sheets, please sign below and ensure that your child also signs this form. Once signed, have your student athlete return this form to his/her school athletic director (main office).

I am a student athlete participating in the above mentioned sport. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of a concussion and head injury to student athletes, including the risks of continuing to play after a concussion or head injury.

Student Athlete's Signature: _____ **Date:** _____

I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of a concussion and head injury to student athletes, including the risks of continuing to play after a concussion or head injury.

Parent's or Guardian's Signature _____ **Date:** _____

All Athletic Forms: IHSAA Physical Evaluation Form, FWCS Concussion Acknowledgement Form, Code of Conduct and Student Emergency Information need to be turned into the main office attention to Assistant Principal/Athletic Director.