



## Health Information

Athlete's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Cell # \_\_\_\_\_ email address \_\_\_\_\_

Mom's name \_\_\_\_\_

Cell # \_\_\_\_\_ email address \_\_\_\_\_

Dad's name \_\_\_\_\_

Cell # \_\_\_\_\_ email address \_\_\_\_\_

**Allergy** (food, insects, etc) \_\_\_\_\_

Reaction \_\_\_\_\_

Severity of reaction \_\_\_\_\_

Do you carry an EpiPen? No \_\_\_ Yes \_\_\_

**Asthma?** No \_\_\_ Yes \_\_\_ Do you carry an Inhaler? No \_\_\_ Yes \_\_\_

**Diabetes?** No \_\_\_ Yes \_\_\_

**Seizure/Epilepsy?** No \_\_\_ Yes \_\_\_ Rescue medication \_\_\_\_\_

**Heart condition?** No \_\_\_ Yes \_\_\_ explain \_\_\_\_\_

**Past concussion/head injury?** No \_\_\_ Yes \_\_\_ when? \_\_\_\_\_

**Past surgery?** No \_\_\_ Yes \_\_\_ explain \_\_\_\_\_

**Muscle/skeletal injuries?** No \_\_\_ Yes \_\_\_ explain \_\_\_\_\_

**Wears glasses or contacts?** No \_\_\_ Yes \_\_\_

**Hearing impairment?** No \_\_\_ Yes \_\_\_ hearing aids \_\_\_\_\_

**Other pertinent health information**

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## Photo Release

Athlete's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I, parent or guardian of the child listed on this form, hereby consent to and authorize the use of and reproduction by Seacrest School, or anyone authorized by Seacrest School, of any and all photographs, video, and/or artwork.

Yes \_\_\_\_\_

No \_\_\_\_\_

Parent's name (print) \_\_\_\_\_

Parent's (signature) \_\_\_\_\_

Date \_\_\_\_\_



## Consent to Treat

Athlete's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

My child has permission to participate fully in the Seacrest Country Day School athletics program. In the event of an emergency involving my child, I hereby give permission for the staff of Seacrest Country Day School to seek necessary treatment. I will assume full responsibility for all resulting financial obligations.

Yes \_\_\_\_\_

No \_\_\_\_\_

Parent's name (print) \_\_\_\_\_

Parent's (signature) \_\_\_\_\_

Date \_\_\_\_\_