

Tewksbury Memorial High School
Athletic Department

Athletic Medical Consent and Insurance Information Form

This form is to be filled out completely by parent/guardian and filed in the Athletic Office prior to the student/athlete participating in the school's athletic program. **(Please Print)**

Student's Name: _____

Date of Birth: _____

Social Security Number: _____

Grade (As of September): **9** **10** **11** **12**

Home Address: _____

Home Phone: _____

City, State Zip: _____

Father's Name: _____

Mother's Name: _____

Father's Work Phone: _____

Mother's Work Phone: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Current Medical Information

Allergies: Does your son/daughter have any known allergies? **Yes** (If yes, please specify) **No**

Medications: _____ Food: _____ Plants: _____

Insect Bites: _____ Seasonal Allergens: _____ Other: _____

Medical Conditions: Does your son/daughter have any known chronic medical issues or disease? **Yes** (If yes, please specify) **No**

Medications: Does your son/daughter take any prescription drugs or any other medication on a daily or regular basis? **Yes** (If yes, please specify) **No**

We hereby understand that participation in interscholastic athletics, although voluntary, involves the potential for injury to the athlete, which is inherent in all sports. We acknowledge that even with best coaching, use of the most advance protective equipment and strict observance of the rules, injuries are still a possibility. We also recognize that on rare occasion, the injuries can be severe.

In the event that my son/daughter becomes seriously ill or injured, I hereby consent and grant authority to the Tewksbury Memorial High School Athletic Department staff or its representatives to secure the necessary medical treatment at an appropriate, qualified medical facility. However, I understand that the TMHS Athletic staff or its representatives will make every reasonable effort to immediately contact me in the first instance when such illness or injury occurs.

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(Parent/Guardian Signature)

(Date)

(Please complete reverse side)

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Insurance Information

A supplemental insurance plan is provided by the Tewksbury Memorial High School Athletic Department. The plan is designed to cover any incurred expenses not covered by the primary family health insurance of the athlete or in the absence of primary coverage. This policy will cover the cost of treatment for injuries sustained in school sponsored athletic activities.

It is the responsibility of the athlete and/or family to initially file all claims under through their primary plan. School insurance claim forms are available from the Athletic Trainer.

(Primary Insurance)

(Name of Primary Care Physician)

(Primary Insurance Policy #)

(Address of PCP)

(Primary Insurance Group Policy #)

(Phone of PCP)

(Name of Policy Holder)

(Policy Holder's Relationship & DOB)

Please circle the appropriate type of coverage that you are covered under.

HMO

PPO

School Plan

Catastrophic

Other: _____

Please attach a copy of the insurance card (front & back).