

# Quabbin Regional Middle/High School Athletic Health/ Emergency Information

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sport \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Emergency contact person \_\_\_\_\_  
Emergency contact phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Physician-name & phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Number \_\_\_\_\_

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Medical history/significant injuries, include year \_\_\_\_\_  
Medications - please list all \_\_\_\_\_  
Allergies- please include treatment if exposed \_\_\_\_\_

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Participating in athletics involves strenuous physical activity. There is the possibility of injury during participation as well as potential for long term consequences as a result of an injury. The Quabbin Athletic Department ensures proper preventative safety measures will be utilized to reduce the risk of injury.

It is the responsibility of the athlete and his/her parents/guardian to also take appropriate preventative measures to reduce the risk of injury. Responsibilities include: having a current physical examination in the nurses office; reporting injuries to the athletic trainer or school nurse; following medical advice given by Quabbin's professional medical staff; properly caring for and maintaining athletic equipment; following proper conditioning techniques, obeying all safety rules and procedures of your sport; the MIAA, and those listed in the Quabbin Athletic Handbook.

Participating athletes and their parent/guardian are here in warned of the inherent risks associated with Athletic participation. Student athletes and parents agree to participate with a full understanding of the risks, and accordingly hold harmless, the Quabbin Regional School District and its employees from any liability assumed by said participation. In most cases, if an injury occurs to your child, an athletic trainer will evaluate, treat, and make a plan of action with you and your child. This includes discussing pertinent medical or health related concerns with the nurse, physicians, and/or the coaching staff. In the event of a serious injury or medical emergency and the athletes parent/guardian or other contact cannot be reached, by signing below you grant permission for the athletic trainer, school nurse, athletic director, or team coach to make any medical emergency decisions regarding your child.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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### To be completed by the school nurse

Date of last physical: \_\_\_\_\_ - normal physical **good for 13 months**  
School Nurse Signature \_\_\_\_\_