

Painted Rock Academy Athletic Emergency Information Form

Student Last Name: _____	Student First Name: _____	Grade: _____	Age: _____	Sex: _____
Student Lives With: Mother: _____ Father: _____ Legal Guardian: _____ Other: _____ Relationship: _____				
Student Address: _____ _____		Home Phone: _____ Cell Phone: _____		
Mother/Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		Father/Legal Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____		
Emergency Contact (If unable to reach parents) Name: _____ Relationship: _____ Phone Number: _____ Cell Number: _____		Emergency Contact (If unable to reach parents) Name: _____ Relationship: _____ Phone Number: _____ Cell Number: _____		
SPORT: Basketball: _____ Track: _____ Football: _____ Soccer: _____ Volleyball: _____ Other: _____				
Physician's Name: _____ Phone Number: _____		Hospital of Choice: _____		
Medical Allergies: _____				
Medications Currently Taken: _____				
Other Health History (i.e. Fractures; Operations; Heart problems; Asthma): _____				
Insurance Company: _____	Policy #: _____ Holder's Name: _____	Group #: _____		

Parent/Guardian Emergency Release Statement

The above named student has my permission to participate in athletic activities as a team member. To the best of my knowledge, he/she does not have any health problems that would be harmful to him/her while participating. I hereby give consent for the said student to receive initial treatment by medical or emergency personnel should he/she be injured or stricken ill. If emergency service involving medical action or treatment is required and parent/guardian can not be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. It is hereby understood that the consent and authorization given and granted are continuous and are intended by me to extend through the current school year.

Parent/Guardian Signature: _____ Date: _____

Painted Rock Academy

Physical Exam or Waiver and Acknowledgement Form

This section must be filled out by Authorized Medical Provider (M.D.; D.O.; N.P.; P.A.-C.)
Or parent/guardian must sign the waiver statement.

Student Name: _____	Date of Birth: _____
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Sex: _____	Pulse: _____	BP: _____	Height: _____	Weight: _____
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Vision: **R** _____ **L** _____ Correction: Glasses: _____ Contacts: _____

Medications: _____

Allergies: _____

Urinalysis: _____	Deformities: _____
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Seizure Disorder: _____	Concussion: _____
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Other: _____

GENERAL EXAM

HEENT: _____

Heart: _____	Lungs: _____
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Abdomen: _____	Genital: _____
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Neurological: _____	Other: _____
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ORTHOPEDIC EXAM

Spine/Gait: _____	Hands/Wrist: _____
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Shoulders: _____	Feet/Ankles: _____
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Knees: _____	Hips: _____
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Other: _____

PHYSICIAN'S RECOMMENDATION:

_____ Student may participate in athletics with no restrictions.

_____ Student may NOT participate in athletics.

_____ Student may participate in athletics with restrictions: _____

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____

Phone Number: _____

Optional Parent/Guardian Waiver of Physical Exam

I/We realize that participation in athletics involves the potential for injury. We agree that in requesting a physical exam of all its student participants in school athletic activities, Painted Rock Academy seeks to protect its students. However, I/We choose not to have our child:

_____ undergo a physical exam.
Child's Name

I/We agree to accept full and total responsibility for our child's well being during participation in school athletic activities.

Parent/Guardian Signature: _____ Date: _____

Acknowledgment of Risk & Waiver of Subrogation

We realize that participation in athletic activities involves the potential for injury, which is inherent in all Sports. We acknowledge that even with proper coaching, use of approved protective equipment, strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. With full awareness and understanding of the risks, and agreeing to hold Painted Rock Academy harmless, we consent to participation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL PERSONNEL ONLY

On File:

_____ Physical exam results or signed waiver

_____ Birth Certificate or Passport

_____ Informed Consent

_____ Proof of Insurance

Athletic Director Signature: _____ Date: _____

Athletic Director Name Printed: Mrs. Goshow

**Painted Rock Academy
Ride Sharing Guidelines For
Parents/Guardians Choosing Ride Sharing For Students**

Painted Rock Academy does not encourage car-pooling or ride sharing. However, we recognize that many parents will choose to participate in such. Therefore we offer the following guidelines to help parents/guardians of our students increase the safety of their children.

For the driver: Please check off each of the following as verification that you have them in your car while transporting students.

- | | |
|--|---|
| <input type="checkbox"/> Seat belt for each passenger | <input type="checkbox"/> Blanket |
| <input type="checkbox"/> First aid Kit | <input type="checkbox"/> Water |
| <input type="checkbox"/> First aid & emergency information for each passenger | <input type="checkbox"/> Cell phone if possible |
| <input type="checkbox"/> Written permission to travel in your vehicle from each juvenile passenger | |
| <input type="checkbox"/> Statement of your auto insurance turned in to event sponsor/coach | |

Please fill in the following and attach a copy of the declaration page of your insurance policy to this page. Turn these two pages in to the event sponsor or coach prior to departing. As a service to our students' families, Painted Rock Academy will hold these papers for viewing should a parent/guardian of a student you are transporting request to see them.

Vehicle Model/Year:	Insurance Company:	
Policy Number:	Policy Period:	
Policy Limits:	Arizona Drivers License # :	Expiration Date:

I hereby confirm the above information is correct and that automobile liability coverage is currently in force for the Vehicle listed above.

Driver Signature: _____ Date: _____

Driver's Name Printed: _____

**Painted Rock Academy
Parent Permission Slip
For Ride Sharing To Practices And Games**

I hereby give permission for my student, _____, to be transported to or from practices and or games.
(Print Student Name)

Check one of the following:

On Date: _____ To Location: _____

All School Events.

This permission is granted to: _____
(Driver's Name)

The driver of the vehicle is required to have a copy of a valid driver's license and current insurance information on file at Painted Rock Academy business office.

I hereby release Painted Rock Academy, Inc. from any liability in the event that any accident occurs while my child is in the company of the above mentioned driver.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian

Printed

Name: