

**PLEASE RETURN TO COACH AT THE FIRST PRACTICE**  
**EMERGENCY INFORMATION- PARENTS/GUARDIAN CONSENT CARD**

PLEASE PRINT :

Athlete's name \_\_\_\_\_ Sport \_\_\_\_\_ mod ☐ jv ☐ var ☐

Athlete's address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergic to any medication \_\_\_\_\_ Wear glasses/contacts \_\_\_\_\_

Other relevant medical conditions \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone No. (home) \_\_\_\_\_ Phone No. (work) \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Names/Phone No. of other responsible individuals if parents cannot be reached:

1. \_\_\_\_\_ Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_

2. \_\_\_\_\_ Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_

Parents Preferred Hospital \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Family dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Health Insurance \_\_\_\_\_ Insurance I.D. # \_\_\_\_\_

In case of emergency, **I give authorization** for emergency care and transportation of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If parents decline to give any information or authorization for treatment, you must call the athletic office at 687-2559)

There is a risk of your son/daughter being injured that is inherent in all sports. The risk of injury may be severe, including the risk of fracture, brain injury, paralysis, or even death.

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**Consult your coach to determine if you need to complete the form below.**  
**Road Running Procedures**

As a member of an East Aurora interscholastic team you may be asked to run a workout that includes running on the roads. In order to make this as safe as possible, the following procedures will be in effect:

- Runners will run single file on all main roads
- Runners will run on the left side of the road facing traffic
- The lead and rear runner of each running group will wear a brightly colored vest
- Runners will yield to traffic in all circumstances, including driveways
- Runners will cross roads only at intersections and at approved cross-walks
- Before crossing any road, runners will stop and look both ways to check for oncoming traffic
- Coaches will avoid/limit road running on days of poor weather
- Any runner unable to abide by these procedures may be forbidden from road running

**Parental Permission/Student Agreement**

I have read the above and give permission for my child, \_\_\_\_\_ to participate in road running with the full understanding that the above procedures will be in effect to maintain a high level of safety. I acknowledge that there are inherent risks in all sports and these procedures do not guarantee that an injury will never occur.

\_\_\_\_\_  
Parent Signature

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

\_\_\_\_\_  
Date

I have read and agree to abide by the procedures stated above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student's name (please print)

\_\_\_\_\_  
Date