

**I have received and read a copy of the 2017-2018 Student-Athlete Guide.** I understand the opportunity and responsibility that I have as a student-athlete at Kokomo Middle Schools.

Date \_\_\_\_\_ Student Name (Printed) \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Student Signature** \_\_\_\_\_

**Publicity Release Form:** I, being the parent or guardian of the pupil named above in Kokomo Schools, hereby give my permission to the Kokomo School Corporation to use my child's photograph or likeness (whether still, motion, or television) for newspaper articles, website promotion, professional magazines, posters, marketing materials, Department of Education portfolios, and/or any media materials for school publicity.

Date \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

## EMERGENCY MEDICAL AND CONTACT INFORMATION

### Student Athlete Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Preferred Hospital (if any): \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medications:	Name of Medication	Dose	Frequency Taken
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_____	_____	_____	_____
_____	_____	_____	_____

Does the student Athlete have any of the following conditions (indicate Yes or No): asthma \_\_\_\_\_; low blood sugar \_\_\_\_\_;

Diabetes \_\_\_\_\_; fainting spells \_\_\_\_\_; seizures \_\_\_\_\_; sickle cell anemia \_\_\_\_\_; others \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian #1: Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2: Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contacts if Parent/Guardian Cannot Be Reached:

Name	Phone #(s)	Relationship to Student
_____	_____	_____
_____	_____	_____