

STUDENT NAME:

SPORT:

**ALL SPORTS FORMS MUST BE COMPLETE AND TURNED IN PRIOR TO
FIRST PRACTICE**

2025-26 PLATTE CANYON MIDDLE SCHOOL PARTICIPATION/EMERGENCY INFO CARD

Possession of this completed card by the athlete's head coach signifies that all requirements to participate in an PCMS activity have been met by the student and parents/guardians. THIS CARD MUST BE WITH THE COACH AT ALL TIMES.

TO BE FILLED OUT BY PARENTS/GUARDIANS: PLEASE PRINT

Parent/Guardian Name: _____

Address _____

Phone #'s _____
HOME WORK CELL

Alternative Emergency Contacts: _____
Name and Phone #

Name and Phone #

Hospital Preference _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray and/or immunizations for the above mentioned student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not available to communicate with me, the treatment necessary for the best interest of the above named student may be given. I also understand that any financial payment for said treatments is my responsibility.

Permission is also granted for any EMT/Certified Athletic Trainer, or if not available, the coach, to provide the needed emergency treatment prior to the student's admission to a medical facility.

Parent/Guardian Signature _____ Date _____