

**Burlington High School Activities Department
Emergency Information and Consent Form**

(This form needs to be completed, signed and returned to the BHS Activities Office **BEFORE** starting practice.)

Name _____ Birthdate _____ Grade _____

Address _____ Home Phone _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED:

Name _____ Home Phone _____

Address _____ Work Phone _____

Preferred Hospital _____

Special Medical Problems/Medications to make health care provider aware of: _____

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

Contact Lenses YES NO HARD SOFT

Insurance Company: _____ Policy Number: _____

**PARENT/GUARDIAN CONSENT FOR ACTIVITY PARTICIPATION AT BURLINGTON HIGH SCHOOL AND
CONSENT FOR TREATMENT:**

I realize that participation in activities can be dangerous and result in serious, possibly permanent crippling injuries, including paralysis. I realize that it is against the rules to use the head for spearing, illegal blocking and tackling.

I give permission for my child to participate in activities for Burlington High School.

In case of emergency, school authorities (Activities Director, Sports Trainer, Coach, etc.) have permission to seek treatment for our child.

ACKNOWLEDGMENT

WE HEREBY ACKNOWLEDGE THAT WE HAVE READ THE BHS ACTIVITY HANDBOOK, SPECIFICALLY THE ELIGIBILITY CODE, AND UNDERSTAND THE RULES AND REGULATIONS.

Date _____ STUDENT SIGNATURE _____

Date _____ PARENT/GUARDIAN SIGNATURE _____

NAME OF ACTIVITY _____

If you have any questions, please contact the BHS Activities Director.