

Dodgeland Athletic Emergency Medical Information

401 S. Western Avenue Juneau, WI 53039 Phone 920-386-4404 FAX 920-386-2601



Date _____ Current Sport _____ Grade _____

Student Name _____ Birth Date _____

Parent's Name(s) _____

Parent(s) Cell Phone _____ Home Phone _____

Contact Person Other Than Parent/Guardian:

#1 EMERGENCY CONTACT _____ Relationship _____

Cell Phone _____ Home Phone _____

#2 EMERGENCY CONTACT _____ Relationship _____

Cell Phone _____ Home Phone _____

In case of an accident or injury and parent/guardian cannot be reached, what doctors do wish to be contacted?

DOCTOR _____ Phone _____

DENTIST _____ Phone _____

Insurance Company _____ Policy # _____

Current Medications _____ Please note any allergies, conditions, &

restrictions: _____

May Acetaminophen (Tylenol) be given? YES ___ NO ___ May Ibuprofen be given? YES ___ NO ___

MEDICAL TREATMENT CONSENT

In case of accident or serious illness, school personnel/coach/athletic trainer is requested to contact the emergency numbers above. If none can be reached, and if necessary, I authorize my child to be transported via ambulance to the nearest hospital for the safety and welfare of my child.

Signature of Parent/Guardian _____ Date _____

ImPACT (Immediate Post-concussion Assessment & Cognitive Testing)

I give my child permission to have ImPACT administered to obtain a baseline concussion measurement in the event he/she sustains a concussion during athletic participation. ImPACT is used as an added safety measure when assessing an athlete's ability to return-to-play. ImPACT results may be released to my child's physician, neurologist, or other healthcare specialist.

Signature of Parent/Guardian _____ Date _____