



## EMERGENCY MEDICAL TREATMENT/CONFIRMATION OF INSURANCE

I hereby authorize Stratford School, and any of its employees or coaches, and any of its volunteers working with Stratford School's sports program ("Program") to secure emergency medical treatment for my child, \_\_\_\_\_, as deemed necessary and appropriate. I understand that efforts will be made to reach me, or the designated emergency contact referenced below.

**Contact Information** (All items must be completed in full):

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_ Father/Mother/Legal Guardian Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Evening: \_\_\_\_\_

Emergency Contact (other than parent or legal guardian): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Evening: \_\_\_\_\_

Student's primary doctor:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications (include name, dosage, frequency). It is extremely important to keep this information updated at all times. \_\_\_\_\_

I certify that my child, \_\_\_\_\_, has, and will have at all times while participating in \_\_\_\_\_ (the "Sport") through Stratford School, medical insurance coverage for any illnesses or injuries he/she may incur. I understand and agree that I must maintain appropriate medical insurance coverage for my child as a condition of my child's participation in the Sport. I certify that the following information is accurate concerning my child's insurance coverage, and that I will inform Stratford School immediately in writing of any change in any of my child's medical insurance information. I also acknowledge and understand that Stratford School at no time provides or will provide medical insurance coverage for my child while participating in the Sport.

Primary Insurer:

Name of Insurer: \_\_\_\_\_ Group # or Policy#: \_\_\_\_\_

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

Phone # for Claims: \_\_\_\_\_ Phone # for Authorization: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Secondary Insurer (if any):

Name of Insurer: \_\_\_\_\_ Group # or Policy#: \_\_\_\_\_

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

Phone # for Claims: \_\_\_\_\_ Phone # for Authorization: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

I certify that all information contained in this two-page form is accurate and complete. I understand that I must update any information that changes while my child is participating in the Sport as soon as possible. If any information changes that may render my child unable to participate in the Sport (either because it is a condition imposed by Stratford School, or for any other reason), I agree immediately to inform Stratford School.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Relationship to Student: \_\_\_\_\_