



Brooke High School
Eligibility/Emergency Insurance and Consent

School Year _____

Sport _____

PLEASE print

Athlete's Name _____ Birthdate _____ Grade _____

Place of Birth _____ School Attended Last Year _____

Physical Address _____
Street City State Zip Code County of Residence

Mailing Address _____
Street City State Zip Code Resides With

Father/Guardian

Name _____
Last First

Address _____

Employer _____

Work Phone _____

Cell Phone _____

Home Phone _____

Mother/Guardian

Name _____
Last Maiden First

Address _____

Employer _____

Work Phone _____

Cell Phone _____

Home Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Family Physician _____ Phone _____

Primary Insurance Carrier _____ Policy Number _____

Secondary Insurance Carrier _____ Policy Number _____

Serious Medical Condition(s)? Please list. _____

Allergies? Please list: _____

I/We hereby grant consent to attending physician, athletic trainer, or coach to use their best judgment in securing medical aid in case I/we cannot be reached. I/We also grant consent to the above-named personnel to render any first aid or preventative, rehabilitative, or emergency treatment deemed reasonably necessary to protect the health and well-being of my / our student athlete.

I WILL NOTIFY THE SCHOOL, IN WRITING, OF ANY CHANGE OR CANCELLATION OF MY / OUR INSURANCE COVERAGE.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

*****PLEASE NOTE:** Student athletes MUST have current insurance coverage in order to participate in athletics. If you do NOT have coverage, please contact the Brooke High School Athletic Department at 304-527-4763 or The Board of Education Office at 304-737-3481 for available insurance options.