Emergency Procedure Information

1) All teams will have an emergency kit. Each kit will contain:
   - All required first-aid supplies for school athletics to treat minor injuries
   - Emergency contact information
   - Emergency information will be shared with the coach(es) and the Athletic Director

2) Procedures for injuries requiring a doctor’s attention:
   A) In the event of a serious illness or injury to a player, the family or guardian shall be notified immediately. They shall decide what physician will treat the player and whether to pick up the player at the site, or meet him/her at the nearest hospital. If the parent/guardian is not available, or the condition suddenly deteriorates, the coach will seek appropriate emergency care, including ambulance transport.

   B) In the event of an ambulance transport, if parents/guardians are not immediately available, the injured player’s coach will accompany the player to the hospital. Continued efforts to contact parents/guardians will be made.

   C) The remaining coach will coordinate the athletic activity. Consideration may be made regarding cancellation of the game with assurance of appropriate transportation.

   D) In the event that the game is cancelled/postponed and the players are sent home early, every effort will be made to contact the parents as well as the school administrative team.

In the event of an emergency requiring medical attention, I hereby authorize medical treatment for my child in the event that I cannot be contacted and treatment is necessary due to injury sustained while my child is participating in the athletic program of North Hampton School. Such medical treatment shall be given by a licensed physician in the field of medicine at my expense.

Student Athlete’s Name____________________________________

I expect that every effort will be made to contact me in order to receive specific authorization before any further treatment or hospitalization is undertaken.
Emergency Contact Information

**Parent/Guardian Contact #1:** ________________________________

Primary Phone Number: ________________________________

Alternate Phone Number: ________________________________

Home Address: _______________________________________

**Parent/Guardian Contact #2:** ________________________________

Primary Phone Number: ________________________________

Alternate Phone Number: ________________________________

Home Address (if different from above): _________________________

If unable to contact the above parents/guardians, please contact:

Emergency Contact Name: ________________________________

Primary Phone Number: ________________________________

Alternate Phone Number: ________________________________

**Family Doctor Information**

Family Doctor and Location: ________________________________

Family Doctor Phone: ________________________________
Family Dentist Information

Family Dentist and Location:_____________________________________________________

Family Dentist Phone:__________________________________________________________

Any allergies or specific medical problems that we should be aware of:

____________________________________________________________________________
____________________________________________________________________________

Parent Signatures/Date:

____________________________________________________________________________
____________________________________________________________________________