

LOT Crew
 Leaders of Tomorrow
 (Please print all information)

Emergency Information Form

Student Name		Age	
Birthdate		Cell Phone	
Home Address		City	
email			
Allergies			
Routine medications?	Y N	Type & Frequency:	
Family Physician		Phone	
Preferred Hospital			
Family Hospitalization Insurance			
Address		City	
Parent/Guardian Name(s)			
Parent 1 email		Parent 1 Cell Phone	
Parent 2 email		Parent 2 Cell Phone	
Parent 1 Employer			
Business Address		Phone	
Parent 2 Employer			
Business Address		Phone	

Medical History

(Must be completed by a parent/guardian with help from the child; circle **Y** for yes and **N** for no)

Are you currently taking any prescriptions or non-prescription (over-the-counter) medication or pills or using an inhaler?	Y	N
Have you ever passed out or fainted during or after exercise?	Y	N
Have you ever been dizzy during or after exercise:	Y	N
Has a physician ever denied or restricted your participation in sports for any heart problems?	Y	N

Have you ever had a head injury?	Y	N
Have you ever been knocked out, become unconscious, or lost your memory?	Y	N
Have you ever had a seizure?	Y	N
Do you have frequent or severe headaches?	Y	N
Do you cough, wheeze, or have trouble breathing during or after activity?	Y	N
Are you under a doctor's care	Y	N

Explain "yes" answers below:

In consideration of your accepting my child's entry into the 2018-2019 LOT Crew, I hereby, for myself, my child, my heirs, executors and administrators; waive and release any and all rights and claims for damages I or my child may have against the Nacogdoches County Chamber of Commerce, the City of Nacogdoches, and Stephen F. Austin State University and their representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

If, in the judgment of any representative of the LOT Crew, the said child should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, nurse, or LOT Crew representative, and I do hereby agree to indemnify and save harmless the LOT Crew and any LOT Crew representative from any claim by any person whomsoever on account of such care and treatment of said student.

Signature of Parent/Guardian

Signature of Child

Date

Date