

EMERGENCY INFORMATION

Name: _____
Last First Middle

PARENT'S (GUARDIAN) NAME _____

ADDRESS: _____ HOME PHONE _____

TELEPHONE NUMBER OF WORKING PARENTS DURING THE DAY: _____

FATHER _____ MOTHER _____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:

NAME	RELATIONSHIP	TELEPHONE #
FAMILY DOCTOR	OFFICE PHONE	_____
	HOME PHONE	_____
	CITY	_____

PREFERRED HOSPITAL _____

KNOWN ALLERGIES _____

DATE OF LAST TETANUS BOOSTER _____ (IF KNOWN)

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of a serious illness, the need for major surgery, or significant accident, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

In the event that an emergency arises during a practice or game, we give our consent to attending physician, athletic trainer, or coach to use their judgment in securing medical aid and ambulance service in case the parents cannot be notified. An effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to administer basic first aid or needed emergency treatment to the athlete prior to his admission to the medical facilities.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ELIGIBILITY INFORMATION

NAME _____

GRADE _____

BIRTHDATE _____

PLACE OF BIRTH _____

PARENT'S NAMES _____

MOTHER'S MAIDEN NAME _____

SCHOOL ATTENDED LAST YEAR _____