ATHLETIC EMERGENCY INFORMATION FORM

General Information

Deer Valley Unified School District No. 97

School Last Attended _____

Date Last Attended _____

Last Name	First Name	School ID#	Sex	Grade (9-12)

	Date of Birth	Home Phone
Address _____ City / Zip _____		

Domicile: I Live With (Check all that apply)

Mother _____ Father _____ Legal Guardian _____ Other _____ (Relationship) _____

Father/Legal Guardian Name _____	Mother/Legal Guardian Name _____
Home Phone # (If other than above) _____	Home Phone # (If other than above) _____
Work # _____	Work # _____
Other # (Pager, Cellular)_____	Other # (Pager, Cellular)_____

Emergency Contact Name (If unable to reach parent)	Relationship	Phone #

Sport (Only one per season)   Fall   Winter   Spring

Cross Country	_____	Diving	_____	Boys Basketball	_____	Boys Soccer	_____	Baseball	_____	Tennis	_____
Football	_____	Spiritline	_____	Girls Basketball	_____	Girls Soccer	_____	Softball	_____	Track/Field	_____
Golf	_____	Swimming	_____	Wrestling	_____	Wr. Spiritline	_____	Boys Volleyball	_____		
Girls Volleyball	_____										

Medical / Insurance Information

Physician's Name	Address	Phone #

Medication Allergies_____

Medications Currently Taken _____

Other Health History (i.e. Fractures, Operations, Heart Problems) _____

_____

Insurance Coverage (Check one)   School _____   Personal _____   (If personal, complete following information)

Insurance Company _____   Policy # _____

Policy Holder Name _____   Group # _____

Parent / Guardian Emergency Release Statement

The above named student has my permission to participate in interscholastic activities and to travel with the team as a member using school approved transportation. To the best of my knowledge, he/she does not have any health problems that would be harmful to him/her while participating. I hereby give consent for the said student to receive initial treatment by the athletic trainer, team physician, hospital physician or other medical personnel deemed necessary should he/she be injured or stricken ill. If emergency service involving medical action or treatment is required and parent/guardian can not be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. It is hereby understood that the consent and authorization given and granted are continuous, and are intended by me to extend through the current school year.

Parent/Guardian Signature _____   Date _____

FOR OFFICE USE ONLY

ON FILE: PHYSICAL AND ACKNOWLEDGEMENT _____   BIRTH CERTIFICATE _____   INFORMED CONSENT _____

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