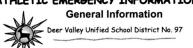
ATHLETIC EMERGENCY INFORMATION FORM



School Last Attended	
Date Last Attended	

Topic .			Date Last Attended				
Last Name	First Name		School ID#		Sex	Grade (9-12)	
Address City / Zip			Date of Birth		Home Phone		
Domicile: I Live With (Check all that apply) Mother Father Legal Gua		ther	_ (Relationsh	ip)			
Father/Legal Guardian Name			Mother/Legal Guardian Name Home Phone # (If other than above) Work # Other # (Pager, Cellular)				
Emergency Contact Name (If unable to read		Relationship	# (1 agoi, co.	iuiai <u>,</u>	Phone #		
Sport (Only one per season) Fall Cross Country Diving Spiritline Swimming Girls Volleyball	Boys Basketball Girls Basketball Wrestling	Girls Soccer Softball Wr. Spiritline Boys Volle			Spring Tennis Track/Field Dall		
Medical / Insurance Information							
Medication Allergies Medications Currently Taken					Phone #		
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							
Paren	t / Guardian Er	mergency	Release Sta	atement			
The above named student has my permiss school approved transportation. To the beshim/her while participating. I hereby give cian, hospital physician or other medical peinvolving medical action or treatment is required above to be given medical care by the docingiven and granted are continuous, and are	st of my knowledge consent for the said ersonnel deemed n juired and parent/o tor selected by the	e, he/she doed student to renecessary should be guardian can school. It is	es not have an eceive initial tre buld he/she be not be contacted the bereby unders	y health probleatment by the injured or strited, I hereby out the strong that the	lems that w e athletic tra icken ill. <u>If</u> consent for	rould be harmful to ainer, team physi- emergency service the student named	
Parent/Guardian Signature				Date _			
FOR OFFICE USE ONLY							
ON FILE: PHYSICAL AND ACKNOWLEDGEMENT BIRTH CERTIFICATE INFORMED CONSENT							