

EMERGENCY CONTACT INFORMATION (CALENDAR SPORTS YEAR)

(Any revisions from season to season can be made by submitting a new form to the Athletic Dept.)

Sport(s): Fall: _____ Winter: _____ Spring: _____
Check One: Modified: JV: Varsity: Modified: JV: Varsity: Modified: JV: Varsity:

Athlete's Name: _____ Birthdate: _____
(Last) (First)

Parent/Guardian Name: _____ Phone #: _____
Alternate Phone #'s: _____

Parent/Guardian Name: _____ Phone #: _____
Alternate Phone #'s: _____

***IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED,
WE AUTHORIZE THE SCHOOL TO CALL:***

Health Care Provider: _____ Phone #: _____
Preferred Hospital: _____ Phone #: _____
Dentist: _____ Phone #: _____

If none of the above named can be reached, please call an available licensed physician or dentist to take my child to the nearest emergency first aid station by ambulance if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

If my child has to be taken home because of minor illness and I am not there or cannot be reached, contact:

Alternate Contact: _____ Phone #: _____
Alternate Contact: _____ Phone #: _____

My child may be released to the following individuals (over 21 years old) after practices/contests. This excludes boyfriends/girlfriends or older siblings unless there has been administrative approval:

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

Please list any medications or special conditions that your child may have that would require special handling in an emergency.

Signature of Parent/Guardian: _____ Date: _____