

STUDENT ATHLETIC EMERGENCY INFORMATION

Student _____ Phone (____) _____

Parent/Guardian _____

Address _____

Street

City

Zip

Father's work phone (____) _____

Mother's work phone (____) _____

Person to call in event you cannot be reached:

_____ Phone (____) _____

Physician _____ Phone (____) _____

Medical history/Medications _____

Sign under the following statement:

1. In case of an emergency when authorized people noted above cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child.

Parent signature(s) _____ Date _____