



Emergency/Insurance Information

Student Name _____ Birth date: _____ Grade: _____

1 st parent/legal guardian to call	2 nd parent/legal guardian to call
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Address	Address
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City/Zip code	City/Zip code
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Phone	Phone
1 st _____ home/cell/work	1 st _____ home/cell/work

2 nd _____ home/cell/work	2 nd _____ home/cell/work
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3 rd _____ home/cell/work	3 rd _____ home/cell/work
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Emergency/Insurance Information con't

Emergency Contact if parent cannot be reached:

Name: _____ Phone _____

Relationship to student: _____

Family Doctor _____ Phone _____

Known allergies or other medical conditions: _____

Insurance Company: _____ ID#(If applicable) _____

Policy Number: _____ Group Number _____

In the event of injury or serious illness, permission is hereby granted to the coaching staff to provide First Aid until professional medical personnel arrive. I understand that an attempt will be made to contact me in the most expeditious way possible. If medical personnel are not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Printed Name of Guardian _____

Legal Guardian Signature: _____ Date: _____