

Everett Public Schools

Instructions (NewInstructionsPage.aspx)**Student First Name:**

Required

Student Last Name:

Required

Student ID:

Required

School Attending in 2019 - 2020:

Required

Athletic Emergency Information

Everett Public Schools 2019/2020

Athletic Emergency Information

This form is to be updated should any information submitted become out of date.

Athlete's Name**DOB****Age****Address****Grade****Parent/Guardian****Home Phone****Work Phone****Cell Phone****Parent/Guardian****Home Phone****Work Phone**

Cell Phone

Emergency Contact #1

Home Phone

Work Phone

Cell Phone

Emergency Contact #2

Home Phone

Work Phone

Cell Phone

Athlete's Physician

Phone

Insurance Co.

Policy Holder's Name

Name of Preferred Hospital



I understand that in the event of an emergency, medical personnel will provide whatever emergency treatment is necessary after all reasonable effort has been made to contact parent, legal guardian and family physician.

Please complete the following. If it does not apply, write N/A:

Did you experience a significant injury during a school or non-school activity within the last year (concussion, surgery, broken bone, etc.)? If yes, explain

Known allergies


Current medications:

Important medical history including diabetes, heart disease, epilepsy, etc:

Date of last tetanus shot:

Parent/Guardian Name (Print)

Parent/Guardian Signature

Please sign. 

Date

08/27/2019

Pursuant to the Washington Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge.



I Agree

Notification Email: If the athlete is 18 and completing the form themselves, please enter their email. If the athlete is under 18 or the parent/guardian is completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.

Submit

Advertisement:

Save Time, Edit Fast

Fix misplaced commas, misused words, grammar goofs, and more. Try now!

Grammarly

OPEN



© 2007 - 2019 Rank One Sport | All rights reserved.

Terms & Conditions (<https://www.rankonesport.com/content/terms-conditions/>) | Privacy Policy (<https://www.rankonesport.com/content/privacy-policy/>) | Web Based Athlete Management Software (<https://www.rankonesport.com/content/web-based-athlete-management-software/>)

