

Emergency/Insurance Information 2023-2024

Student Name: _____ Birth date: _____

1st Parent/Legal guardian to call: _____

Address: _____

City/Zip Code: _____

Phone:

1st _____ home/cell/work

2nd _____ home/cell/work

3rd _____ home/cell work

2nd Parent/Legal guardian to call: _____

Address: _____

City/Zip Code: _____

Phone:

1st _____ home/cell/work

2nd _____ home/cell/work

3rd _____ home/cell work

Emergency/Insurance Information

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: _____

Signature of Legal Guardian: _____ Date: _____