

## SKYLINE HIGH SCHOOL EMERGENCY INFORMATION

\_\_\_\_\_  
Student's Legal Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Please list any significant health problems (including previous surgeries and hospitalizations) that might be significant to physician evaluating your child in the event of an emergency:

\_\_\_\_\_

Please list any allergies to medications or otherwise:

\_\_\_\_\_

Does student have a prescribed inhaler or epipen? \_\_\_\_\_ Does student wear contact lenses? \_\_\_\_\_

Is student presently taking any medications? (Please list) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Emergency authorization:** In the event I cannot be contacted in an emergency, I hereby give permission to the physicians selected by the Certified Athletic Trainer, Coaches, Administrators, and staff of Warren County Public Schools to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Name (print legibly)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Time phone Number

\_\_\_\_\_  
Cell Phone Number or Other Number

\_\_\_\_\_  
Mother's Name (print legibly)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening time Phone Number

\_\_\_\_\_  
Cell Phone Number or Other Number

Name of Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If applicable: Group Number: \_\_\_\_\_ Personal Identification Number: \_\_\_\_\_