

VALDERS PUBLIC SCHOOLS ATHLETIC EMERGENCY FORM

As parent/guardian of _____ Grade _____
Last Name First Middle

Please sign one of the following;

- In case of emergency occasioned by accident or ins/jury, **IDO** give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Parent/ guardian signature: _____
(Date)

- In case of emergency occasioned by an accident or injury, **IDO NOT** give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Parent/guardian signature: _____
(Date)

Athlete's Name _____ Date of birth _____

Known Allergies to Drugs or Anesthetics _____

Other Relevant Health Information: _____

Home phone _____

Father's full name _____ Mother's full name _____

Father's employment _____ Mother's employment _____

Work Phone _____ Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Alternate Person to contact _____ Relationship _____

Phone _____

Insurance Co. & number _____

Family Doctor _____ Family Dentist _____

Doctor Phone _____ Dentist Phone _____