

School Year _____

EMERGENCY FILE

Sport(s) _____

(Student Name) _____ (Gender) _____ (Age) _____ (Date of Birth) _____ (Grade) _____

(Doctor's Preference) _____ (Doctor's Phone #) _____ (Hospital Preference) _____

Any special medical problems/drug allergies _____

1. _____
Parent/Guardian

Cell Phone _____ Work Phone _____ Home Phone _____

2. _____
Parent/Guardian

Cell Phone _____ Work Phone _____ Home Phone _____

3. _____
Emergency Contact

Cell Phone _____ Work Phone _____ Home Phone _____

PERMISSION FOR MEDICAL SERVICES

I hereby give my consent for the student listed above to receive medical services as necessary as determined by a doctor or hospital staff member when deemed necessary in a school-sponsored activity. (This is to be used only when the parent or legal guardian is not present and cannot be contacted.)

Student Signature

Parent/legal guardian signature

