

MONTESANO JH/SR HIGH SCHOOL EMERGENCY FORM

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ AGE _____ GRADE _____ SPORTS _____

Father/Guardian _____ Address _____ Phone _____

Mother/Guardian _____ Address _____ Phone _____

Father/Guardian Work _____ Phone _____

Mother/Guardian Work _____ Phone _____

Emergency contact person in absence of parent/guardian:

Name _____ Phone _____

Relationship of Contact Person _____

Hospital Preference _____

Family Physician's Name _____ Phone _____

Name of Medical Insurance _____ Policy# _____

If you do not have insurance do you accept full responsibility for cost of complete treatment of any injury your student may suffer while participating in the Montesano Secondary Activities/Sports Programs?

Yes ___ No ___

In the event of any ACCIDENT or EMERGENCY, I authorize the school to take whatever steps and make whatever arrangement they deem necessary for the Health, Security and Comfort of my child.

Yes ___ No ___

As Parent or Legal Guardian, I authorize a qualified physician to examine the above named student and in the event of injury to administer emergency care and whatever the physician deems necessary to insure proper care of any injury.

Yes ___ No ___

Medication or Health Problems: _____

I have read and understand the Concussion/Cardiac Handout

I have read and understand the Athletic Handbook

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT ATHLETE SIGNATURE _____ DATE _____