

# 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)

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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 \_\_\_\_\_