

LAKELAND JUNIOR HIGH SCHOOL EMERGENCY INFORMATION

Office Use Only

Grade Level ____
Physical ____
DTR ____
ASB ____

Please Print

Name _____ Birth date _____

Parent/Guardian _____

Address _____

Home Phone _____

Mother's Work Phone _____

Mother's Cell Phone _____

Father's Work Phone _____

Father's Cell Phone _____

If an emergency and if parent/guardian can not be contacted, notify:

Name _____ Phone _____

Family Physician _____ Phone _____

Known Allergies _____

The team coach may apply first aid treatment until the family doctor can be contacted.

Yes No

We give our consent for the coach to use their own judgment in securing medical aid and ambulance services in case the parents cannot be reached.

Yes No

Signature of Parent/Guardian

Date