



# REEDLEY HIGH SCHOOL ATHLETIC EMERGENCY INFORMATION



**Student- Athlete Information**

**PRINT LEGIBLY**

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ Mi: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Grade(circle one): 9 10 11 12 Sex(circle one): M or F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

**Medical Alerts (ex. Asthma, Diabetes, Cardiac Problems):**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Medications:**

\_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy/ID Number: \_\_\_\_\_

Primary Card Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Hospital Preference\***

\_\_\_\_\_

*\*Transport will be at the discretion of EMS.*

**Parent/Guardian Info:**

**Other Parent/ Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact:** *In the event of an emergency when a parent/guardian is not reachable, the person below will be contacted*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*"I hereby acknowledge that the information contained in the form above is accurate to the best of my knowledge. I hereby give consent for my student to compete in sports. I authorize my student to go with and be supervised by a representative of the school on any trips. If an emergency should arise which required immediate medical attention and we as parents/guardians cannot be reached, you are authorized to take whatever steps necessary to protect the health of this child."*

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*Signature(s) Required\*\***