

**Kankakee Valley School Corporation  
Athletic Office Emergency Form**

Athlete's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

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

Please list allergies, health problems and/or current medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Choice of Local Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

In case I can't be reached, call: Name & Relationship: \_\_\_\_\_

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

**Check one of the two choices below and sign:**

\_\_\_\_\_ I ***Give Authorization*** for my child to be treated in my absence or in an extreme emergency.

**(X)** \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_ I ***Do Not Give Authorization*** for my child to be treated in my absence or in an extreme emergency.

**(X)** \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

***This form must be signed and returned to the KVMS Athletic Office prior to the first day of practice.***