Mineral County School District

Hawthorne, Nevada 89415

"We All Learn/Teach"

"No'oko numu tunedooe"

MINERAL COUNTY SCHOOL DISTRICT
CHARTER SCHOOL STUDENT
ATHLETIC/CLASS PARTICIPATION EMERGENCY
INFORMATION FORM

_____

Student's Name Date of Birth

_____

Parent/Guardian's Name

_____

Address

_____

Home Phone | Cell Phone Number(s)

_____

Mother's Business Phone | Father's Business Phone

Two persons you recommend we call in the event you cannot be reached:

1._____Phone:_____

2._____Phone:_____

Preference of Physicians:(Please include name, telephone number and address.)

1._____
Name Phone Address

2._____
Name Phone Address

Medical history and physical limitations or problems that should be known by the coach:

HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

As parent/legal guardian, I authorize and direct MCSD to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/ or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release MCSD, its Board of Trustees, employees, volunteers, and agents from any costs, damages, liability, or loss resulting from the exercise of discretion in securing medical care for my child/ward.

Student Signature:_____Date:_____

Parent Signature:_____Date:_____