

STUDENT EMERGENCY INFORMATION

Name _____ Grade _____ Age _____ Birth date _____

Residence (home address) _____

Mailing Address _____

Phone _____ Cell Phone _____ Email _____

Person to call if injured. Name _____ Cell _____

Alternate Person: Name _____ Cell _____

Private Doctor _____ Phone _____

Address _____

Insurance _____

Medicine in Use _____ Medicine Allergic to _____

Health condition or physical limitations coach should be aware of _____

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the Powderpuff coach or staff to attend our daughter. We expect every effort will be made to contact us in order to receive our specific authorization before any treatment or hospitalization is undertaken.

Parent Signature _____ Date _____

Student Signature (If 18 or older) _____

Date _____