## Mount Si High School Athletic Emergency Information

Sport: _____ _____ _____
**Fall** **Winter** **Spring**

**Student Name: _____ Grade: _____**

**Parent/Guardian: _____**

**Address: _____**

**City: _____ Zip: _____**

**Student**
**Home phone: _____ Cell Phone: _____**

**Business phone: Father: _____Mother: _____**

**Cell Phone: Father _____ Mother: _____**

**Guardian: _____ Students Birth date: _____**

**In case of an emergency and you cannot be reached whom shall we call:**
**Name: _____ Phone: _____**
**Name: _____ Phone: _____**

**<u>Preference of Physicians:</u>**
**Family Physician: _____ Phone: _____**
**Physician: _____ Phone: _____**
**Hospital Preference: _____**

**Does your child have any health problems we should be aware of?**
_____
_____

**Major illnesses or injuries in the last 3 years:**
_____
_____

**Medications: _____**
**Allergies: _____**

**Does your child wear glasses or corrective lenses? _____**

**Dentists Name: _____ Phone: _____**

**Parent/Guardian <u>must</u> complete and sign reverse side.**

**Students Name: _____**

**In case of serious injury, illness or other emergency during participation of athletics when I cannot be reached, I the parent/guardian authorize the coaching staff/athletic trainer to examine my son/daughter and in the event of injury to administer emergency care, seek medical attention from the nearest physician and arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of my child.**

**My signature below authorizes emergency medical treatment for my child should that become necessary in my absence.**

_____ _____
**Parent/Guardian Signature** **Date**

**Medical Insurance: _____**

**Policy Number: _____**

**Insurance Phone: _____**

**Insurance Address: _____**