

**EMERGENCY INFORMATION CARD**

PLEASE PRINT

Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Where can Parents be reached if not at home?

Mother's Name: \_\_\_\_\_

Phone (work/cell) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone (work/cell) \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

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

**PARENT WAIVER**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian \_\_\_\_\_

Remarks:

Allergies:

Other conditions:

**INSURANCE WAIVER**

Do you carry school insurance for the current school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not carry school insurance, fill out the sports Insurance Exemption form following:

I hereby request an exemption from the purchase of School Sports Insurance Protection through the school for my son/daughter.

I hereby declare that the above-named student is covered by accident insurance protection provided through other insurance now in force. It is my intent that this protection will be maintained by his/her family for the duration of the present school year, and that any and all claims of such nature against the school, and/or school officials, is hereby waived.

Name of insurance carrier \_\_\_\_\_

Parent Signature \_\_\_\_\_