

MANSON NORTHWEST WEBSTER STUDENT
EMERGENCY INFORMATION

PLEASE PRINT

Name: _____ Birthdate: _____ Age: _____

Parent/Guardian's Name: _____ Home Phone: _____

Address: _____ Grade: _____

Phone #: Father's: _____ Mother's: _____

In an emergency, if parents cannot be contacted:

Notify: _____ At: _____

Family Doctor: _____ Dr's Phone: _____

Preferred Hospital: _____ Allergies: _____

The team coaches may apply first aid treatment until the family doctor can be contacted:

YES _____ NO _____

We give our consent for the coaches to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached:

YES _____ NO _____

DATE: _____

PARENT SIGNATURE: _____

HEALTH HISTORY

YES

NO

Kidney Injuries

Heart Condition

Diabetes

Asthma

Date of last Tetanus Shot: _____

While competing do you wear:

Glasses

Contacts

Allergy to medication

Please State: _____

FAMILY INSURANCE CO.

POLICY #
