

**WASHOE COUNTY SCHOOL DISTRICT
Athletic Emergency Information Form**

Student Name: _____ Home Phone: _____

Parent/Guardian Name: _____ Address: _____

Parent/Guardian work/cell phone: _____

TWO EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN):

1. _____ 2. _____

Preference of Physicians: _____ **Phone:** _____

1. _____

2. _____

If neither physician is available, do we have your permission to take your student to a hospital or available physician? YES/NO (circle one)

Preference of Hospital _____

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

Insurance: School Family – Name of Ins. company _____

(If school insurance, you must purchase separately -- please get info from main office)

Student Signature

Date

Parent/Guardian Signature

Date