

EXTRA CURRICULAR EMERGENCY PROCEDURE INFORMATION

Pupils Name _____ Sports/Activity _____

Address _____

Medical Insurance _____ Policy # _____

Physician _____ Tel.# _____

Allergies _____

Child's Dentist _____ Tel.# _____

Medical Concerns _____

Medications _____

Comments _____

In case of emergency , illness, ,or accident to the child named above the school is authorized to proceed as indicated below*

() Contact father at _____

Address

Phone

() Contact mother at _____

Address

Phone

() Contact family physician _____

Name

Phone

() Take child to emergency hospital _____

() Take child to any licensed physician _____

() Other desired procedures _____

Comments _____

Signature of Parent or Guardian _____

Date _____