

ROOSEVELT HIGH SCHOOL ATHLETIC EMERGENCY INFORMATION

SPORT(s): _____

Student's Name: _____ Home Phone: _____

Parent/Guardian Name: _____ Address _____

Father's Business Phone: _____ Mother's Business Phone _____

Two persons you recommend we call in the event you cannot be reached:

_____ Phone _____ Address _____

_____ Phone _____ Address _____

Preference of Physicians:

1. _____ Phone _____ Address _____

2. _____ Phone _____ Address _____

If neither physician is available, do we have your permission to take your student to a hospital or available physician? Yes: _____ No: _____ Preference of Hospital: _____

Medical History:

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

School Ins: _____

Waiver: _____