

## Roosevelt High School Athletic Emergency Information

**SPORT:** \_\_\_\_\_

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: (\_\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

Office Use Only:

Parent/Guardian Signature: \_\_\_\_\_

School Ins: \_\_\_\_\_

Date: \_\_\_\_\_

Waiver: \_\_\_\_\_