

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:

School Ins: _____

Waiver: _____

Parent/Guardian Signature: _____

Date: _____