

EMERGENCY MEDICAL INFORMATION AND INSURANCE VERIFICATION

STUDENT'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

PARENT OR GUARDIAN MUST ANSWER THESE QUESTIONS:

1. Is your child covered by Medical Insurance? YES NO
2. If your child is covered by Medical Insurance, what is the name of the Insurance Company?

3. What is the Medical Insurance Policy Number?

All students must be covered by insurance to be eligible to participate. If you do not have a personal policy, contact the school office for information on low cost insurance.

4. If you have a family physician, please list his/her name and telephone number:

PHYSICIAN

PHONE #'S
Work: _____
Home: _____

5. If your child is injured while participating in a school-sponsored activity and it is necessary to take him/her to a hospital, do you have a preference? YES NO

6. If you have a hospital preference, please give name?

HOSPITAL

7. List below telephone numbers where the parents/guardians might be reached:

HOME

WORK

8. In case of emergency, if we cannot contact one of the parents, list below either a relative or a neighbor whom we should contact:

NAME

RELATIONSHIP

PHONE

This is to verify that the above named student is currently covered by an insurance policy, which will be in effect throughout the _____ school year, and that the above-mentioned policy covers injuries sustained in both practice sessions and/or athletic events. It is understood that neither the school nor the coaching staff assumes any responsibility in case of accident.

Signature of Parent or Guardian