

Mercer Middle School ATHLETICS EMERGENCY CONTACT INFO

Student Name (please print)		Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
ACTIVITY			
<input type="checkbox"/> Ultimate Frisbee (Co-Ed)	<input type="checkbox"/> Boys' Basketball	<input type="checkbox"/> Track (Co-Ed)	
<input type="checkbox"/> Girls' Soccer	<input type="checkbox"/> Girls' Basketball	<input type="checkbox"/> Boys' Soccer	
		<input type="checkbox"/> Girls' Volleyball	
EMERGENCY CONTACT INFO			
Address		Phone (Home)	
Parent/Guardian		Phone (Cell)	
Parent/Guardian		Phone (Cell)	
Parent/Guardian Email			
Emergency contact in the event parent/guardian can't be reached:		Emergency Contact Phone	
Major medical concerns or allergies		Medication on file with school nurse? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Insurance Provider		Insurance Policy Number	

As parent or legal guardian, I authorize a team coach, school nurse, other school staff or a qualified physician to examine the above-named student and in the event of injury, to administer emergency care and to arrange for any consultation he/she deems necessary to ensure proper care in the event of an injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any treatment.

I understand that I will assume full responsibility for payment of any services rendered, including transportation by emergency vehicles if necessary.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN EMAIL _____

Nurse's notes: