



EMERGENCY INFORMATION

Please print:

Athlete Name: _____ Date of Birth _____ Grade: _____

Athlete Address: _____ City: _____ ZIP: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

List 2 emergency contacts that can assume temporary care of you child if you cannot be reached:

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

Please describe any medical conditions or injuries within the past year:

List any medication (including an inhaler) your child uses:

List known allergies (food, medication, and other):

Please initial if permission is granted for the school to dispense: _____ Tylenol _____ Ibuprofen

Medical Insurance Company: _____ Policy # _____

Physicians Name: _____ Phone # _____

In the event of a medical emergency in which there is insufficient time to attempt to contact me, or in the case efforts to reach me are not successful, I consent to and will be responsible for emergency medical treatment which may be advisable for my child in the opinion of the medical and school personnel involved. I release and waive any claim I may have against Warren Woods Christian School, the WWCS School Board, the individual members, agents, employees and representatives thereof, as well as trip supervisors and drivers, for losses, damages or injuries arising out of, during, or in connection with my son/daughter's participation in the WWCS sports program and emergency medical procedures of treatment, if any, except in the case of gross neglect.

Date: _____ Signature of Parent/Guardian: _____