

GREATER EGG HARBOR REGIONAL HIGH SCHOOL DISTRICT
ABSEGAMI/OAKCREST HIGH SCHOOLS

ATHLETIC TRAINING EMERGENCY FORM

SPORT

GRADE

STUDENT'S NAME _____ M / F DOB: _____ AGE: _____
(LAST) (FIRST) (MI)

ADDRESS _____ HOME PHONE _____
(STREET) (CITY/TOWN) (ZIP)

FATHER _____ WORK PHONE _____ CELL PHONE _____

MOTHER _____ WORK PHONE _____ CELL PHONE _____

PARENT/GUARDIAN'S EMAIL ADDRESS _____

STUDENT RESIDES WITH ___ MOTHER & FATHER ___ MOTHER ___ FATHER ___ GUARDIAN ___

OTHER (PLEASE SPECIFY): _____ CUSTODY ARRANGEMENTS ___ YES ___ NO

IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY, CONTACT:

(NAME) (ADDRESS) (PHONE #)

(NAME) (ADDRESS) (PHONE #)

FAMILY PHYSICIAN _____ PHONE # _____

SIGNIFICANT HEALTH PROBLEMS _____

ALLERGIES _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

INSURANCE TYPE: HMO/PPO ETC. _____

ID# _____ GROUP # _____

I hereby give my permission that in the event of an emergency _____
(PRINT STUDENT'S NAME ABOVE)

MAY be taken to the hospital for treatment. The hospital may administer emergency medical treatment if necessary.

Signature _____ Date ____ / ____ / ____

NOTE: IN THE EVENT OF AN EMERGENCY, THE COACH AND ATHLETIC TRAINER WILL RELY ON THE ABOVE INFORMATION.