

EGUSD EMERGENCY INFORMATION

Fall Sport _____ Winter Sport _____ Spring Sport _____

9 10 11 12 _____

Grade _____ Last Name _____ First Name _____ School ID# _____ Birthdate _____

Address _____ City _____ Zip _____

Father _____ Mother _____ Home Phone _____

Father's Employer Phone _____ Cell Phone _____ E-mail _____

Mother's Employer Phone _____ Cell Phone _____ E-mail _____

In the absence of parent, 2nd contact will be (neighbor/friend/relative) _____ Phone _____

I am the above child's parent, relative, legal guardian or foster parent (circle one) Foster Parent Lic. No. _____

PLEASE INDICATE A PREFERENCE IN THE EVENT OF AN ACCIDENT OR EMERGENCY (CHECK BOX 1 OR 2)

- 1. In the event of an accident or other emergency. When a parent is unavailable, I hereby authorize a representative of the school to make such arrangements as he considers necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, further I authorize the physician named below to undertake such care and treatment of my child as he considers necessary in the event said physician is not available at the time. I authorize such care treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear any costs incurred as a result of the foregoing:

_____	_____	_____	_____
Medical Insurance Company	Medical Record #	Physician Name	Physician Phone #

- 2. I do not choose the above statement and desire the following action: _____

X _____	_____	X _____	_____
Mother's Signature	Date	Father's Signature	Date