

Emergency Medical Information

Name: _____

Phone: _____

Birthday: _____

Parents/Guardians Names:

Father: _____

Work Phone: _____

Mother: _____

Work Phone: _____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Emergency Alternate Contact in case parents CANNOT be reached:

1. Name _____ Home Ph. _____ Work Ph. _____

2. Name _____ Home Ph. _____ Work Ph. _____

Medicines allergic to: _____

Other factors to note: _____

Acknowledgement of Warning By Parents

We/I the parent(s) of _____ do hereby acknowledge that we/I now being advised, cautioned, and warned by the proper administrative and coaching personnel of the Mission Valley School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in sports activities. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to _____ participating in the sport(s) of: _____.

Date: _____ Signature of Parent: _____