

**ALMA PUBLIC SCHOOLS EMERGENCY FORM
ATHLETIC DEPARTMENT**

Student's Name _____ Grade _____

Address _____
 Number/Street City Zip Code

Parent/Guardian Names _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Health Insurance/Policy Number _____

Health Problems (asthma, diabetes, kidney trouble, epilepsy, allergies, ect.)

IN CASE OF EMERGENCY, CONTACT:

Parents/guardians will be called first. If we cannot reach you, please list nearby relatives, friends or neighbors (who have given permission) that we may contact. **Only the people listed may be contacted.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I, parent/guardian of the above named child, release and hold harmless from any liability for any physical or mental injury, aggravation of any pre-existing condition, or any other harm or loss of any nature which may be sustained as a result of my child participating in Alma Public Schools athletic programs, the Alma Public Schools Athletic Department, the Alma Public Schools, coaches, organizers and anyone else in any way associated with the Alma athletic programs, except for that caused by willful, wanton or reckless conduct.

Further, I hereby give permission to a member of Alma Public Schools employees or volunteer coaches to secure emergency medical and/or emergency surgical treatment for the above named minor child while participating in the Alma athletic programs. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature _____ Date _____