



**Cambridge School District
EXTRA-CURRICULAR ACTIVITIES
EMERGENCY CONTACT INFORMATION**

STUDENT NAME: _____

GRADUATION YEAR: _____ CLUB/SPORT: _____

CURRENT GRADE: _____ CLUB/SPORT: _____

CLUB/SPORT: _____

PARENT/GUARDIAN CONTACT INFORMATION

(In order of contact preference):

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone 1: _____

Phone 1: _____

Phone 2: _____

Phone 2: _____

Email: _____

Email: _____

EMERGENCY CONTACT

(If parent/guardian cannot be reached):

Name: _____

Relationship: _____

Phone 1: _____

Phone 2: _____

PHYSICIAN INFORMATION

(If parent/guardian cannot be reached):

Name: _____

Clinic: _____

Phone: _____

Preferred Hospital: _____

Please provide any medical/health/injury history that may be relevant in treatment or emergency care (medications, recurring injuries, current conditions, necessary precautions):

Please check if applicable (note any comments below):

- | | | | |
|------------------------------------|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Anemia | <input type="checkbox"/> Concussion | <input type="checkbox"/> Hearing/Vision Loss |

Comments: