

**PORTLAND HIGH SCHOOL
EMERGENCY INFORMATION FORM**

NAME _____ DATE OF BIRTH _____ AGE _____ GRADE _____

PARENT'S / GUARDIAN'S NAME _____

ADDRESS _____ HOME PHONE _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

IT THE PARENT'S CAN NOT BE CONTACTED IN AN EMERGENCY PLEASE NOTIFY:

_____ AT _____

RELATIONSHIP _____ FAMILY DOCTOR _____

INSURANCE COMPANY _____ POLICY# _____

POLICY HOLDER _____ KNOWN ALLERGIES _____

The team physician, athletic trainer, and coach may apply first aid treatment until the family member/doctor can be reached.

YES _____ NO _____

We give our consent for coaches, athletic trainers, and team physicians to use their own judgement securing medical attention and EMS services in case the parents/guardians can not be reached.

YES _____ NO _____

DATE

PARENT'S/GUARDIAN SIGNATURE

