

MIDDLE TOWNSHIP MIDDLE SCHOOL EMERGENCY/INSURANCE INFORMATION

Students Name _____
 Date of Birth _____ Grade _____ Age _____
 Sport/Activity:
 Summer _____ Fall _____ Winter _____ Spring _____
(please include all sports you may be participating in this year)
 Student Cell #: _____ Parent Email: _____

(For coaches, and summer contact)

EMERGENCY CONTACT INFORMATION:

1st Choice: Name _____
 Home # _____ Cell # _____
 Work # _____ Relation to Athlete _____
 2nd Choice: Name _____
 Home # _____ Cell # _____
 Work # _____ Relation to Athlete _____
 3rd Choice: Name _____
 Home # _____ Cell # _____
 Work # _____ Relation to Athlete _____

Family Physician _____ Phone # _____
 Allergies _____
 Medications taken _____

INSURANCE INFORMATION:

Primary: Name of Company _____
 Policy # _____ Group # _____
 Secondary: Name of Company _____
 Policy # _____ Group # _____

MEDICAL PERMISSION/RELEASE

I hereby give permission to the attending Physician, Certified Athletic Trainer, and (if needed) the closest hospital emergency room to carry out any emergency procedures that may be necessary for my child.

Name of Parent/Guardian (print) _____
 Signature or Parent/Guardian _____
 Relationship to Athlete _____ Date _____