GREENVILLE CENTRAL SCHOOL

4982 State Route 81, Greenville, NY 12083

Emergency Medical Form

Student Name: _____ DOB _____ Gender: _____ Grade: ____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Sport: _____ Level: Mod ____ JV ____ V ____

It is realized that participation in athletics, contact or non-contact, involves a certain amount of risk from injury. Knowing this, I give my son/daughter permission to participate in the above named sport.

Student reside with (**circle one**): Parents Mother Father Step-Mother Step-Father Other _____

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Home Phone: _____ Mother's Home Phone: _____

Father's Email: _____ Mother's Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (other than parent): _____

Relationship: _____ Phone Number(s): _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Preferred Hospital: _____ Medications: _____

Allergies: _____ Other Medical Info: _____

Insurance Company Name & Policy Number: _____

In the event that I cannot be contacted, I as parent/guardian of the above named student hereby give permission for a hospital or physician to administer treatment to my child, in the case of an emergency while under the supervision of the Greenville Central School District.

_____ _____

Parent/Guardian Signature **Date**

For Health Office Use Only:

Last Physical ____/____/____ Health History ____/____/____ Date Cleared ____/____/____

RN Signature _____

Please fill out the above information completely. This form is required at the beginning of each sports season.