

Mountain View High School Emergency Information

Name _____ Birthdate _____ Age _____
Parent/Guardian Name _____ Home # _____
Parent Daytime # Mom _____ Dad _____
Address _____ City _____
ST _____ Zip _____
Grade Level _____
In an emergency if parents cannot be contacted:
Notify _____ at _____
(Name) (Phone #)
Family Doctor _____ Dr.'s # _____
Insurance Co. _____ Known allergies _____
The Team Physician, trainer and coach may apply first aid treatment until the family doctor can be contacted. YES _____ NO _____
We give our consent for coaches, trainers and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. YES _____ NO _____
Parent Signature _____ Date _____

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