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| **SPRING VALLEY HIGH SCHOOL** |
| **ATHLETIC EMERGENCY LOCATOR FORM** |
|  |  |  |  |  |  |  |  |
| **Athlete's Name** |   |   |   |  | **Date of Birth** |   |   |
| **Parents Name** |   |   |   |   |   |   |   |
| **Address** |   |   |   |   |   |   |   |
| **Phone Number** |   |   |   |  | **Cell Phone** |   |   |
| Does your student live with you? If not, please list additional contact informaton. |
| **Parents Name** |   |   |   |   |   |   |   |
| **Address** |   |   |   |   |   |   |   |
| **Phone Number** |   |   |   |  | **Cell Phone** |   |   |
|   |   |   |   |   |   |   |   |
| **Insurance Company** |   |   |   |   | **ID #**  |   |   |
| **Medical Clinic** | **Name** |   |   |   | **Phone** |   |   |
| **Hospital**  | **Name** |   |   |   | **Phone**  |   |   |
| **Dental**  | **Name** |   |   |   | **Phone**  |   |   |
|   |   |   |   |   |   |   |   |
| **EMERGENCY CONTACT** |
|   |   |   |   |  |   |   |   |
| **Name** |   |   |   | **Relationship** |   |   |   |
| **Address** |   |   |   |  |   |   |   |
| **Phone Number** |   |   |   | **Cell Phone** |   |   |   |
|   |   |   |   |  |   |   |   |
| **Name** |   |   |   | **Relationship** |   |   |   |
| **Address** |   |   |   |  |   |   |   |
| **Phone Number** |   |   |   | **Cell Phone** |   |   |   |
|   |   |   |   |   |   |   |   |
| **MEDICAL CONDITIONS** |
|  |  |  |  |  |  |  |  |
| **Allergies** |   |   |   |   |   |   |   |
|   |  |  |  |  |  |   |
|   |   |   |   |   |   |   |
| **OTHER INFORMATION** |
|   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |
| In the event that either parent or emergency contact person cannot be contacted by telephoneI authorizeXXXX High School to use discretion and seek medical attention/transportation. |
|   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |   |   |
|   |   |   |   |   |   |   |   |
| **Parent Signature** |  |  |  |  |  | **Date** |  |