|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 telephone I authorizeXXXX High School to use discretion and seek medical attention/transportation. | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Parent Signature** |  |  |  |  |  | **Date** |  |