



Reynolds Middle School
1200 NE 201st Avenue
Fairview, OR 97024
503-665-8166 • FAX 503-262-3796

ATHLETIC EMERGENCY FORM

Student Name _____ I.D. No. _____

Birthdate _____ Grade _____

Student is participating in (*circle*): Volleyball Basketball Track Wrestling

In the event of illness, accident or emergency to the student named above, the school is authorized to proceed as indicated below. (*Parent, please keep this information current. Number each item 1, 2, 3, etc., in order of desired action.*) (PLEASE PRINT CLEARLY)

() Contact mother (*print name*) _____ at home phone number _____; at work phone number _____; on cell phone number _____.

() Contact father (*print name*) _____ at home phone number _____; at work phone number _____; on cell phone number _____.

() Contact (*print name*) _____ at phone number _____.

() Contact student's physician (*print name*) _____ at office phone number _____ or after-hours phone number _____.

() Take student to nearest emergency hospital. *I understand that the school authorities and medical personnel will use their best judgments in determining emergency care and procedures. I also understand that the school assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.*

Insurance Company _____

Policy Number _____ Group Number _____

Insurance is through (*name of employer*) _____

Student has the following allergies or medical conditions and/or takes the following medications:

Signed (*parent or guardian*): _____ Date: _____