

CRESCENT VALLEY HIGH SCHOOL: Emergency Information

Student Name _____ Birthdate _____ Sport: _____

Home Ph #: _____ Parent Work #: _____ Cell #: _____

Parent/Guardian Permission and Treatment Authorization

Permission is given to the District's staff to secure medical treatment by a licensed physician, emergency medical technician, paramedic, nurse, athletic trainer, medical facility and/or hospital in my absence.

Emergency and Insurance Information

Insurance Company Name: _____

Policy #: _____ Ins Member ID #: _____

Physician: _____ Phone _____

The above named student has the following medical conditions/allergies/special needs:

Emergency Contact (in the event I cannot be reached):

1. _____ Phone # _____ 2nd Phone # _____

2. _____ Phone # _____ 2nd Phone # _____

I agree to hold Corvallis School District, its officials, agents and employees harmless against any claim for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction.

Parent Signature

Print Name

Date