THE INFORMATION GIVEN BELOW IS FOR THE SOLE PURPOSE OF EMERGENCY USE IN THE EVENT OF AN INJURY AND A PARENT CAN NOT BE CONTACTED. THIS ENTITLES THE FAMC ATHLETIC TRAINING STAFF TO GIVE AND/OR SEEK MEDICAL ATTENTION.

FREMONT HIGH SCHOOL
EMERGENCY INFORMATION SHEET

_____ ____/____/_____
LAST NAME FIRST NAME MI DATE OF BIRTH

GRADE: 9 10 11 12 **SEX**: M F **SPORTS**:_____
FALL WINTER SPRING

_____ _____,NE _____ _____
STREET ADDRESS CITY ZIP CODE PHONE #

PARENTS NAME: _____

EMERGENCY CONTACT INFORMATION

_____ _____
LAST NAME FIRST NAME MI HOME PHONE # WORK

_____ _____,NE _____
STREET ADDRESS CITY ZIP CODE

_____ CAN THIS INDIVIDUAL GIVE PERMISSION TO TREAT? YES NO
RELATION TO ATHLETE

_____
PARENT SIGNATURE

MEDICAL INFORMATION

ANY MEDICAL ALERTS/ ALLERGIES: _____
_____
_____
_____

DOCTOR: _____ _____
NAME ADDRESS PHONE

INSURANCE INFORMATION (THE FOLLOWING INFORMATION IS STRICTLY FOR EMERGENCY TREATMENT)

_____ _____
COMPANY NAME PHONE #

_____ _____ _____
POLICY NUMBER GROUP # (IF THERE IS ONE) POLICY NUMBER