

TEMPE UNION HIGH SCHOOL DISTRICT

EMERGENCY INFO

ACTIVITY _____

NAME _____ HOME PHONE _____

ADDRESS _____

CITY _____ ARIZONA ZIP CODE _____

DATE OF BIRTH _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

EMERGENCY CONTACT NAME _____ PHONE NUMBER _____

I, THE PARENT/GUARDIAN, GIVE MY PERMISSION FOR ANY EMERGENCY TREATMENT NECESSARY DURING ANY SUMMER ACTIVITY. I AUTHORIZE THE HOSPITAL AND/OR MEDICAL PERSONNEL TO PERFORM EMERGENCY TREATMENT FOR ANY INJURIES RESULTING FROM ANY SCHEDULED ACTIVITY. MY CHILD IS APPROVED FOR ACTIVITIES BY A PHYSICIAN AND ALSO HAS MEDICAL INSURANCE COVERAGE.

MEDICAL CONDITIONS (IF ANY) _____

INSURANCE COMPANY NAME _____ POLICY NUMBER _____

IF NECESSARY, WHAT HOSPITAL DO YOU WANT YOUR CHILD TAKEN TO _____

PARENT SIGNATURE

DATE