

GRADE \_\_\_\_\_ Year to Graduate \_\_\_\_\_

EMERGENCY CONSENT AUTHORIZATION&INFORMATION

I, \_\_\_\_\_ am parent/legal guardian of  
(Circle the school you will be attending next year)  
\_\_\_\_\_ who attends **RHS** **RJHS** **RMS**

& participates in the following sports: (Please circle each sport you plan to participate in)

**Basketball Baseball Cheerleading Cross Country Dance Team**

**Football Golf Soccer Softball Swim Tennis Track**

**Volleyball Wrestling**

Parent/Legal Guardian 1 \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Parent/Legal Guardian 2 \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ HMO/PPO \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies & Medical Conditions \_\_\_\_\_

In the event of an emergency that may arise from my child's participation in school athletics, I hereby authorize that the sports medicine staff of \_\_\_\_\_ School consent to give any medical treatment, diagnosis, and/or hospital care by a licensed physician in this state.



\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date