



Calvary Christian School



PLEASE PRINT **EMERGENCY INFORMATION** SCHOOL YEAR _____

Name: _____ Social Security # _____

Birthdate _____ / _____ / _____ Age: _____ Home Phone # _____

Parent's Name _____

Address: _____

City _____ ZIP _____

Daytime Phone Numbers: Father _____ Mother _____

In and emergency, if parents cannot be contacted, notify:

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

Preferred Hospital _____ Known Allergies _____

Glasses _____ Contacts: Soft _____ Hard _____

Medical or Hospitalization Insurance: _____

Policy Number: _____

We give our consent for coaches, trainers, and team physicians to use their own judgement in securing medical aid and ambulance service in case the parents can not be reached. It is understood that the school cannot be responsible for any medical bills incurred because of the injury.

Yes _____ No _____ Date: _____

Parent's Signature _____