Sierra Lutheran High School STUDENT EMERGENCY INFORMATION

Student Name:			Grade:
First Midd	le	Last	
Street Address:		Date of Birth:	
City, State, Zip:		Home Phone:	
Mother:	Work Ph:	Cell Ph:	
Father:	Work Ph:	Cell Ph:	
In case of an emergency the staff or coach sho	ould first contact (circle): either parent	/mother only/father only
Next should be:			
Name:	Relationship:		Phone:
Name:	Relationship:		Phone:
Physician's Name:			Phone:
Preferred Hospital:	Allergies:		
Insurance Company:	Policy	Number:	
Special notations regarding medical history:			
Permission to Prov	vide Medical	Freatment Agr	eement
I HEREBY give my permission for my son/daughte	er,		,
to undergo medical treatment for any injury or illne	(Name) Name (Name)	e of student) ain ar acquira while (angegod in interscholastic
athletics or school related activities at Sierra Lu			
of Sierra Lutheran will perform only those procedu			
practice to prevent, care for, and rehabilitate athlet			
required, such as surgery or other invasive proced			
consent. I understand that if my child suffers a pol			
contacted within a reasonable period of time, that procedures as may be medically necessary to alle		incenseu medical pra	actitioner to perform such

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

Date

Signature of Parent or Legal Guardian

Sierra Lutheran High School should use the above contact information until I inform them otherwise, and this document will remain valid for the entire period the above named student is enrolled at SLHS.