

TIMBERLAKE JUNIOR HIGH SCHOOL EMERGENCY INFORMATION

Office Use Only

Grade Level _____

Physical _____

DTR _____

ASB _____

Please Print

Name _____ Birth date _____

Parent/Guardian _____

Address _____

Home Phone _____

Mother's Work Phone _____

Mother's Cell Phone _____

Father's Work Phone _____

Father's Cell Phone _____

If an emergency and if parent/guardian can not be contacted, notify:

Name _____ Phone _____

Family Physician _____ Phone _____

Known Allergies _____

The team coach may apply first aid treatment until the family doctor can be contacted.

☐ Yes ☐ No

We give our consent for the coach to use their own judgment in securing medical aid and ambulance services in case the parents cannot be reached.

☐ Yes ☐ No

Signature of Parent/Guardian

Date