

**KAU HIGH & PAHALA ELEMENTARY SCHOOLS
ATHLETE EMERGENCY INFORMATION FORM**

Name: _____ SSN: _____
(Last) (First) (Middle Initials) (OPTIONAL)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Age: _____ Grade: _____ Home Telephone #: _____

Father's / Guardian Name: _____ Business Telephone#: _____

Cell Phone #: _____

Mother's / Guardian Name: _____ Business Telephone#: _____

Cell Phone #: _____

Student-Athlete Resides with: (circle one) Mother Father Both Other: _____

Students Cell Phone #: _____

Alternate contacts if parents / guardian cannot be reached:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Information: My child has insurance: (circle one) YES NO

Company Name: _____ Policy # _____ Group #: _____

Primary Physician: _____ Phone # _____

Medical Conditions (Allergies, Prescriptions, Medication, etc) school should know about my child:

Medical Treatment Consent:

I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances. I also do hereby consent to follow the Student Participation and Parent/Guardian Consent, Release, and Assumption of Risk Form.

Signature of Parent / Legal Guardian: _____ Date: _____