

[Empty box for Sport]

**SPORT**

[Empty box for Grade]

**GRADE**

**GREATER EGG HARBOR REGIONAL HIGH SCHOOL DISTRICT  
ATHLETIC TRAINING EMERGENCY FORM**

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(STREET) (CITY/TOWN) (ZIP)

FATHER \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

GUARDIAN'S EMAIL ADDRESS \_\_\_\_\_

STUDENT RESIDES WITH:  MOTHER & FATHER  MOTHER  FATHER  GUARDIAN

OTHER (PLEASE SPECIFY): \_\_\_\_\_ CUSTODY ARRANGEMENTS:  YES  NO

**IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY, CONTACT:**

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE #)

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE #)

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

SIGNIFICANT HEALTH PROBLEM(S) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

**I hereby give my permission that in the event of an emergency**

\_\_\_\_\_  
(PRINT STUDENT'S NAME ABOVE)

**MAY be taken to the hospital for treatment. The hospital may administer emergency medical treatment if necessary.**

Does child have insurance? Y/N Name of Ins Co. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: IN THE EVENT OF AN EMERGENCY THE COACH AND ATHLETIC TRAINER WILL RELY ON THE ABOVE INFORMATION**