

Emergency Information

Please include the following information so that your son/daughter may receive proper care in the event of an injury/emergency:

Student Name: _____ Birth Date: _____

Parent/Guardian: _____ Student ID #: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Family Physician: _____

Address: _____ Phone: _____

Please List:

Medical Condition(s): _____

Medications Taken & Why: _____

Allergies: _____

Insurance Waiver

Date: _____

I understand that Thompson Middle School assumes no responsibility for the injury of students, however, it is the policy of Thompson Middle School that athletes must either purchase school accident insurance (available in the Main Office) or provide for the coverage for personal injury through an individual accident policy.

Please Check One:

I will purchase insurance (must be purchased before practice begins)

I have my son/daughter included in a family, or personal insurance policy and therefore will be responsible for all medical payments either personally or through my insurance policy.

Parent/Guardian Signature _____