

**COLBY MIDDLE AND HIGH SCHOOL
EMERGENCY INFORMATION & PARTICIPATION FORM**

TO BE FILLED OUT BY PARENT/GUARDIAN: (Please Print)

Students Name: _____ **Date of Birth:** _____ **Grade in School:** _____

In case of emergency, contact: (list as many as you feel necessary)

Name of Parent/guardian: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name of Parent/guardian: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name of Relative or friend: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name of Relative or friend: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Known allergies to drugs/anesthetics: _____

Other medical conditions: _____

In case of emergency due to an accident or injury, I give my permission to have the respective coach/advisor consent to medical attention by the nearest physician/hospital.

Signature of Parent/Guardian

Date

