

NEVADA HIGH SCHOOL
2011/2012
EMERGENCY CONTACT FORM

Last Name _____ First Name _____
Date of Birth _____ Grade _____ Graduation Year _____
Address _____ City _____ State IA Zip Code _____
Home Phone _____ Student's Cell Phone _____
Father or Guardian _____ Work Phone _____ Cell Phone _____
Mother or Guardian _____ Work Phone _____ Cell Phone _____

IF PARENT OR GUARDIAN CANNOT BE REACHED WHO MAY WE CALL:

Name _____ Relationship _____ Phone _____

Please list all Allergies or Medical Concerns: _____

Mark all activities involved in throughout the year:

- Band Baseball Basketball Cheer - Fall Cheer - Winter Cross Country Drama
 Drill Team FFA Field Trips Flags Football Golf Honor Society
 Key Club Publications SADD Soccer Softball Student Council Track
 Vocal Music Volleyball Wrestling

INSURANCE INFORMATION: If you wish to participate in the School's Insurance, forms are available in the Activity's or Superintendent's Office. If you carry medical insurance please fill out information below.

Name of Insurance Company _____

Policy Number _____

Iowa State Law requires a parent's, or legal guardians, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or Legal guardian(s), of _____ I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand this written authorization is granted only after a reasonable effort has been made to contact me (us).

I understand that accidents may occur at any activity even though normal acceptable safety precautions have been taken. _____ has my (our) permission to practice and compete in interscholastic programs.

We have also read the Extra-Curricular Code of Conduct for Nevada Community Schools and agree to abide by these regulations and any additional regulations provided by the coach.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

STUDENT SIGNATURE _____ **Date** _____

