

CHERRY HILL HIGH SCHOOL WEST
Emergency Contacts

Date: _____

Student's Name _____ I.D. # _____

Home Address:		Zip:
Parents/Guardians Name:		
Home Phone:		Work Phone:
Cell Phone:		Pager:
Hospital Preference: _____, _____, _____		Every effort will be made to comply with parents wishes. However, regulations governing emergency ambulance service may necessitate transportation to nearest hospital.
Sport:	Class:	Relationship: Phone:
Secondary Emergency Contacts Name:		

We realize that there is a risk of the above named student being injured, that is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release the Board of Education and its agents, servants, teachers, and employees of any liability whatsoever, for any accidents that may occur during such participation. We understand and give permission that medical information is to be shared with the Athletic Trainer and/or coach.

Health Insurance Company _____

Address: _____

Policy # _____ ID # _____

Family Physician _____ Telephone _____

We further understand that the Board of Education has purchased "Full Excess" accident insurance coverage for all Inter-scholastic Sports.

Full Excess means that the parents' insurance must be used first. Any medical expense not covered by their insurance can be submitted under the full excess policy, and will be paid on a usual and reasonable basis.

As parent/guardian I give permission to use photos and names for press release information.

In case of an emergency, I am giving permission to have my child/guardian medically treated.

Parent/Guardian's Signature _____ Date _____