

CRESCENT VALLEY HIGH SCHOOL: Emergency Information

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_ Sport: \_\_\_\_\_

**Parent/Guardian Permission and Treatment Authorization**

Permission is given to the District's staff to secure medical treatment by a licensed physician, emergency medical technician, paramedic, nurse, athletic trainer, medical facility and/or hospital in my absence.

**Emergency and Insurance Information**

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Ins Member ID #: \_\_\_\_\_

The above named student has the following medical conditions/allergies/special needs:

\_\_\_\_\_

**Emergency Contact (in the event I can not be reached):**

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

1. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

2. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

I agree to hold Corvallis School District, its officials, agents and employees harmless against any claim for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date