

SportsOne
EMERGENCY CONTACT & INSURANCE INFORMATION

Student's Name (Legal) _____ / _____ / _____

Social Security # _____ - _____ - _____ LAST FIRST MI
D.O.B ____/____/____ 2008-09 Grade Level: _____

Address: _____, GA. _____
STREET CITY ZIP

Student's Home Phone #: _____ Student's Cell Phone #: _____

Child Lives With: ___ Mother ___ Father ___ Both ___ Other: _____

Father's Name: _____ Home Phone # (____) _____ - _____

Father's Employer: _____ Work Phone # (____) _____ - _____ ext _____

Father's Cell Phone # (____) _____ - _____

Mother's Name: _____ Home Phone# (____) _____ - _____

Mother's Employer: _____ Work Phone# (____) _____ - _____ ext _____

Mother's Cell Phone # (____) _____ - _____

Emergency Contact & Relationship (must be 21 or older): _____

Contact Home Phone # (____) _____ - _____ Contact Cell Phone # (____) _____ - _____

Primary Physician: _____ Office Phone # (____) _____ - _____ ext _____

INSURANCE INFORMATION

Primary Insurance Co: _____ Name of Policy Holder: _____

Policy #: _____ Group #: _____

Insurance Co. Phone # (____) _____ - _____ ext _____

Secondary Insurance Co: _____ Name of Policy Holder: _____

Policy #: _____ Group #: _____

Insurance Co. Phone # (____) _____ - _____ ext _____

****PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD****

Medical Conditions: _____

Allergies: _____

Medications & Condition: _____

PERMISSION FOR AUTHORIZATION TO TREAT IN PARENT ABSENCE

*I give permission for representatives of Savannah Christian Preparatory School to authorize medical treatment for my child in my absence. This may include, but is not limited to, activation of emergency services, emergency room procedures, and injury/illness evaluation and treatment by certified athletic trainers at away competitions.

Print Parent Name: _____ Parent Signature: _____

***PLEASE ATTACH**

COPY (FRONT/BACK)

OF STUDENT'S

INSURANCE CARD*