



# SAISA EMERGENCY INFORMATION FORM

Student Name:

Uniform #:

DOB:

Grade:

Age:

Gender:

Parent's/ Guardian's Names:

Home Address:

Home Telephone #:

Parents' Office #:

Mother's Mobile #:

Father's Mobile #:

In case of emergency when parents cannot be reached, contact:

Family Doctor Tel #:

Name:

Please list any allergies or other medical conditions your child may have (cause of allergy, asthma, medications, epilepsy, etc.) or any other information necessary in case of a medical emergency or hospitalization:

Current medication and dietary restrictions:

I hereby certify that the above-named student is physically fit, has had a physical by a doctor within the past year, is able to participate in the Activities/Athletics and has my permission to travel with sponsored groups. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial Obligation for any injury or illness that may occur during athletic activities or travel for activities. I give the coach/chaperone authorization to obtain medical treatment and care when the parents or guardian cannot be notified. I further consent to emergency treatment of any sort deemed necessary by the 1st responding medical personnel (or by any physician designated by proper school authorities) for any illness or any injury resulting from his or her athletic participation and will not hold him/her liable in a court of law. Every effort will be made to notify parents/guardians as soon as possible.

Trip chaperones:

Parent/Guardian Signature:

Date: