

**EMERGENCY CONTACT & INSURANCE INFORMATION**

Student's Name (Legal) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

LAST FIRST MI

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Class Level: \_\_\_\_\_

Address: \_\_\_\_\_, GA. \_\_\_\_\_

Street City Zip

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-Chatham County Public Schools 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\***