COE-BROWN NORTHWOOD ACADEMY
2010-2011 EMERGENCY FORM FOR EXTRACURRICULAR ACTIVITIES

Student Name_____ / ____ / _____ **Male/Female**
Last First Middle Name DOB Grade

Mailing Address_____
Street Town State Zip

Street Address (if different)_____
Street Town State Zip

Student Lives With: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name_____ **Home Phone (_____)**_____

Cell (_____)_____

Employer_____ **Work Phone (_____)**_____**Ext.**_____

Father's Name_____ **Home Phone (_____)**_____

Cell (_____)_____

Employer_____ **Work Phone (_____)**_____**Ext.**_____

EMERGENCY CONTACTS (in the event that the above parent or guardian cannot be reached):

Please list two adult relatives or neighbors who can assume temporary care for your child.

CONTACT 1: Name:_____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

CONTACT 2: Name:_____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

MEDICAL INFORMATION:

Student's Doctor _____ **Phone #** _____

Address _____

Please list current medications: _____

_____

Please list recent/chronic medical conditions/physician: _____

_____

Allergies: _____

MEDICATION: A Coe-Brown Medication Administration Form is necessary for any medications to be used by the student during the school day. Copies of this form are available from the school nurse, main office or our website.

***** I give permission for the coach or athletic trainer to give (check one or both if desired): Tylenol (Acetaminophen) _____or Advil (Ibuprofen) _____ if needed for minor pain/discomfort and/or Tums _____ or Pepto Bismol _____ for stomach upset.**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me or the people whose names I have given, I hereby authorize the school to make whatever arrangements necessary, which may mean taking my child to the hospital out-patient department for treatment.

Medical Insurance Company: _____ **Policy Number:** _____ _____

Parent/Guardian Signature _____ **Date** _____