

Altmar Parish Williamstown Central School District
639 County Route 22 • Parish, New York 13131

APW ATHLETIC DEPARTMENT

Emergency Information Form

Student Name: _____ Grade: _____ DOB: _____	
Phone Number(s): Hm: _____ Cell: _____ Wk: _____	
Address: _____ <i>Please provide street name/number - not P.O. Box</i>	
Parent / Guardian Contact information:	
PARENT / GUARDIAN	PARENT / GUARDIAN
Print Name:	Print Name:
Street Address:	Street Address:
Phone No(s):	Phone No(s):
Email:	Email:
Signature:	Signature

If parent/guardian cannot be reached, please contact:

NAME OF DESIGNEE	ADDRESS	PHONE

MONTH	DAY	YEAR	THROUGH	MONTH	DAY	YEAR

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby designate the aforementioned individuals to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named student for the period specified above:

As parent/guardian of the above named student, I understand that he/she may suffer serious injury while participating in a sport. Notwithstanding such warnings and full knowledge and understanding of the risk of serious injury to my child, I give my consent to my child who is named student to participate in:

Sport: _____ Level: _____

Parent/Guardian Signature: _____

Person Responsible for Medical Expenses: _____

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR		FAMILY PHYSICIAN	
Insurance Company or Government Program	I.D. or Contract Number	Physician Name:	Phone Number:

This document may be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.