

CHESANING UNION SCHOOLS EMERGENCY CARD
ATHLETIC DEPARTMENT

Child's name _____ Grade _____

Address _____
Number/street City Zip Code

Parent/Guardian Name _____

Home Telephone _____ Work Telephone _____

Health Insurance/Policy Number _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Telephone _____

Second Contact _____ Telephone _____

I, _____ parent/guardian of the above named child, release and hold harmless from any liability for any physical or mental injury, aggravation of any pre-existing condition, or any other harm or loss of any nature which may be sustained as a result of my child participating in the Chesaning Union Schools athletic programs, the Chesaning Union Schools Athletic Department, the Chesaning Union Schools, coaches, organizers and anyone else in any way associated with the Chesaning Union Schools programs, except for that caused by willful, wanton or reckless conduct.

Further, I hereby give permission to the Chesaning Union Schools Coaching Staff to secure emergency medical and/or emergency surgical treatment for the above named minor child while participating in the Chesaning Union Schools athletic programs. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature _____ Date _____

****Please fill out the back of this sheet if your son/daughter has any medical conditions the athletic staff need to be aware of.