

**Prairie Middle School  
2016 -2017  
Athletic Emergency Information**

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Last Name	First Name	Grade	Gender	Birth Date
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Address \_\_\_\_\_

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Mother's Name	Phone	Cell Phone	Email
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Father's Name	Phone	Cell Phone	Email
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If a student's parents cannot be contacted, please notify:

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1 <sup>st</sup> Contact Name	Cell Phone	2 <sup>nd</sup> Contact Name	Cell Phone
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**INSURANCE INFORMATION**

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Name of Insurance Carrier	Policy #	Group #	Phone
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Primary Person Insured _____	What emergency facility does your insurance approve? _____
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Please check if your student has/had any of the following:

__ Allergies _____	__ Epi Pen Medication/Life Threatening Allergies _____
__ Concussion month/year _____	__ Asthma      __ Diabetes      __ Orthopedic
__ Medication _____	__ Other Conditions: _____

**AUTHORIZATION STATEMENT:** I do hereby authorize officials of the Cherry Creek School District to contact directly the persons named on this form in an emergency for the health of said child. In the event that parents/guardians or other persons named on this form cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.

**I AGREE TO THE ABOVE STATEMENT AS IT IS WRITTEN:**

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Please be sure to fill in all insurance information carefully. If your insurance information changes during the school year, please send the new information to the Athletic Department.