**Rochester School for The Deaf**
**Athletic Department**
**Emergency Medical Form**

**Student Name** _____

**Age:** _____ **DOB** _____

**Parent/Guardian** _____

**Address:** _____

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

**Emergency Contact Person** _____ **Phone** _____

## Emergency Contact Information

**E-Mail Address** _____

**Cell Phone:** _____

**Pager:** _____

**Insurance Company** _____

**Policy Number** _____

**Doctor:** _____

**Preferred Hospital:** _____

## Medications/Allergies

**Name of Medication** **Dosage**

**1.**
**2.**
**3.**
**Allergies**_____

**I give permission for medical treatment in case of emergencies.**

_____
**signature of parent or guardian**