

**Emergency Information**  
**Springs Valley Jr. – Sr. High School**  
Blackhawk Brigade

**In the event of any injury or sickness every effort will be made to contact the parents first. If the parents cannot be reached, information on this sheet of paper will be utilized.**

Date \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Family Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**In case of serious injury and the parent or family doctor cannot be reached call**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please list any allergic reactions:**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Treatment, Etc:**

**In the event of an emergency, My son/daughter \_\_\_\_\_ may be examined and/or treated as long as Mr. Aylsworth or a responsible adult accompanies him/her to the medical facility and remains with him/her.**

**Release:**

**Mr. Aylsworth, the accompanying adult, the Band Boosters, and Springs Valley Jr. – Sr. High School are hereby relieved of any liability in the event of any injury, sickness, medical attention, or other emergency involving my son/daughter.**

\_\_\_\_\_  
**Parent – Guardian Signature**