Inza R. Wood Middle School

Emergency Information

This MUST be filled out and returned to the athletic office before the first day of practice.

Please check sports you will be participating in this year (one per season)

Fall:	Winter:	Spring:		
Cross Country Volleyball	Boy's Basketball Girl's Basketball Wrestling	Boys Track Girls Track		
Student	Phone	Birthdate	Grade	
Parent's Name	Mother's Day Phone	Father's Day Phone		
Address		City		
Emergency Contact (if parer	at can't be reached):			
Name	Relationship to student		Phone	
Student's Doctor		Phone		
Student's Dentist		Phone		
Preferred Hospital	Last	Last Tetanus Immunization		

Heart Disease Other Health Concerns	Diabetes Asthma Chronic Conditions
or coaches to use their own	. n judgement in securing medical aid in case
nedical insurance. If you had indicating that your studen tolastic sports, the West Lin	e of injuries, which may occur, it will be ave your own policy, please consult your at has necessary protection. For those who nn/Wilsonville SD has contracted the ent school year. Information is available at
Insurance Company Nam	ie
Policy #	
ent School District Student	Insurance.
	Date
	Other Health Concerns or coaches to use their own financial protection in cas nedical insurance. If you ha indicating that your studen tolastic sports, the West Lir dent insurance for the curre

COACHES: You must have this form with you during ALL PRACTICES AND GAMES.

Health History - Please check all conditions that apply and explain below: