

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:

____ Cross Country
____ Volleyball

Winter:

____ Boy's Basketball
____ Girl's Basketball
____ Wrestling

Spring:

____ Boys Track
____ Girls Track

Student _____ Phone _____ Birthdate _____ Grade _____

Parent's Name _____ Mother's Day Phone _____ Father's Day Phone _____

Address _____ City _____

Emergency Contact (if parent can't be reached):

Name _____ Relationship to student _____ Phone _____

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

Preferred Hospital _____ Last Tetanus Immunization _____

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

____ Seizure Disorder
____ Life Threatening Allergy
____ Heart Disease
____ Other Health Concerns
____ Diabetes
____ Chronic Conditions
____ Asthma

If yes, please explain: _____

Yes ___ No ___ We give our consent for coaches to use their own judgement in securing medical aid in case the parents can't be reached.

Insurance Agreement: In order to assure financial protection in case of injuries, which may occur, it will be necessary for your son/daughter to have medical insurance. If you have your own policy, please consult your agent to determine exact coverage before indicating that your student has necessary protection. For those who do not have insurance that covers interscholastic sports, the West Linn/Wilsonville SD has contracted the Oregon School Board Association for student insurance for the current school year. Information is available at each school.

____ My child has adequate insurance. Insurance Company Name _____
Policy # _____

____ My child is covered under the current School District Student Insurance.

Parent/Guardian Signature _____ Date _____

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