

**C. A. Jacobs Intermediate School**  
**Athletic Emergency Form**

Dear Parent or Guardian,

Thank you for allowing your son/daughter to participate in our athletic program here at C.A. Jacobs. We welcome & encourage your support.

We, the coaching staff, always try to instill & promote safety in our programs, however, sometimes injuries do occur. So that we can be better prepared to handle an emergency, please fill out the form as complete as possible.

Thanks again for your support.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

P.E. Locker # \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Insurance # \_\_\_\_\_  
(Name of Company)

Father's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Hours at Work \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Hours at Work \_\_\_\_\_ Place of Employment \_\_\_\_\_

In the event the above mentioned cannot be reached, please contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby give my consent for the above-named student to compete in the athletic program here at C.A. Jacobs. I authorize the student to go with & be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated & I authorize the medical agency to render treatment.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)