

**ELKO COUNTY SCHOOL DISTRICT
EXTRA-CURRICULAR PROGRAM EMERGENCY INFORMATION FORM**

Student's Name _____

Date of Birth _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone _____

Cell Phone Number _____

Mother's Business Phone _____

Father's Business Phone _____

Two persons you recommend we call in the event you cannot be reached:

1. _____ Phone _____

2. _____ Phone _____

Preference of physicians: (Please include name, telephone number and address.)

1. Name _____ Phone _____ Address _____

2. Name _____ Phone _____ Address _____

If neither physician is available do we have your permission to take your student to a hospital or available physician? Yes _____ No _____

Preference of Hospital _____

Medical history and physical limitations or problems that should be known:

Insurance: _____ School _____ Family-Name of Company _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

The Elko County School District does not discriminate on the basis of race, color, national origin, sex, age or disability.

Participation Fee \$20.00 _____