



RVC Athletic Emergency Information

(This form will be given to coaches in case of the need for emergency medical services)

Family Information:

Student Name: _____ DOB: _____

Parent Names: _____

Home Phone: _____ Father Mobile: _____ Mother Mobile: _____

Father Employer _____ Work Phone: _____

Mother Employer: _____ Work Phone: _____

Athlete Allergies and/or Medical Issues: _____

Emergency Contacts (other than parents):

Name: Relationship _____ Phone: _____

Name: Relationship: _____ Phone: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Family Insurance and Group Name/ID Number: _____

Emergency Authorization:

When neither Parent/Guardian can be reached in case of a medical emergency, we authorize the administration, representative or coach of Rincon Valley Christian School to give the attending doctor authority to use his/her professional judgment in treating the above athlete.

By signing below, you agree to the above statement:

Father Signature: _____ Date: _____

Mother Signature: _____ Date: _____

Excellence in Christian Education since 1970