

**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 \_\_\_\_\_**

