



THIS FORM IS DUE AT THE KICK-OFF MEETING ON SATURDAY, 7/23

Palmetto Ridge High School Bands Emergency Contact Information

Student Name (First & Last): _____ Current Year: 9 10 11 12

Student ID Number: _____ Student Phone Number: _____

Address: _____ City/Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Please list 2 additional emergency contacts (other relatives, close family friends, or neighbors):

Contact #1 Name: _____ Phone: _____ Relation: _____

Contact #2 Name: _____ Phone: _____ Relation: _____

Family Doctor Name & Phone Number: _____ Hospital Preference: _____

Health Insurance Provider: _____ Policy Number: _____

Medication taken regularly: _____

Allergies: _____ Is an EPI-PEN needed? Yes No

Does the student have Asthma? Yes No Inhaler Type & Use/Special Instructions: _____

Does the student have Diabetes? Yes No Special Instructions: _____

Previous Concussions: _____ Previous Orthopedic Surgeries: _____

Previous injuries, illness, or other medical issues (Please be specific): _____

Collier County Public Schools are not responsible for any medical bills or ambulance services due to an athletic injury. I understand that my child will not be allowed to participate until coverage is provide by the parents/guardians. I understand that School Insurance is available for purchase and that forms are available at in the Activities Office.

In the event of serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the emergency contacts or Primary Care Provider named and their instructions be followed in the treatment of my child.

If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date