

Emergency Contact Form

**Redwood Valley High School
Redwood Falls, MN 56283
2007-2008 School Year**

Dear Parents:

The possibility of injury to an athlete either in practice or on the playing field is always with us. We at Redwood Valley High School are continually striving to prevent injury by proper conditioning of each athlete, by eliminating any unsafe condition and by maintaining a high level of emergency care to any athlete requiring such care. Sometimes, however, in spite of our attempts an athlete is injured. Please recognize that the school officials have done all in their power to reduce the probability of injury. However, you as a parent or guardian must accept the possibility of accidental injury.

Because parents are not available at all times, we need your permission to seek medical care and/or transportation by ambulance in the event of a serious injury.

Please complete the attached form and return it to the school. Your cooperation will be greatly appreciated.

Student's Name _____ Grade _____

Parent/Guardian Name(s) _____

Address _____

Home Phone # _____ Cellular Phone # _____

Work Phone/Mother _____ Work Phone/Father _____

Emergency Contact _____ Emergency Contact Phone # _____

Preferred Doctor _____

PLEASE CHECK ONE:

YES _____ In the event that no one can be reached at home, work or emergency phone numbers, I give permission for a member of the Redwood Valley school faculty to take my son/daughter to the doctor and/or hospital for possible treatment if a medical emergency should arise.

NO _____

PARENT'S SIGNATURE _____ DATE _____

Please check off the anticipated sports your child will be involved with this upcoming year. This information is for office knowledge only.

- FOOTBALL CROSS COUNTRY VOLLEYBALL TENNIS BASKETBALL WRESTLING
- GYMNASTICS CHEERLEADING DANCE TEAM HOCKEY BASEBALL SOFTBALL
- TRACK