

**LITTLE CHUTE AREA SCHOOL DISTRICT
FIELD TRIP & EXTRA CURRICULAR EMERGENCY FORM**

Athlete's Name	<input type="text"/>	Date of Birth	<input type="text"/>				
Parents Name	<input type="text"/>	Grade	<input type="text"/>				
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Primary Phone	<input type="text"/>						
Mom's Cell Phone	<input type="text"/>	Dad's Cell Phone	<input type="text"/>				
Insurance Company	<input type="text"/>	ID#	<input type="text"/>				
Medical Clinic	<input type="text"/>	Phone	<input type="text"/>				
Hospital	<input type="text"/>	Phone	<input type="text"/>				
Dental	<input type="text"/>	Phone	<input type="text"/>				

Does your student live with you? If not, please list additional contact information.

Parents Name	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Phone Number	<input type="text"/>	Cell Phone	<input type="text"/>				

EMERGENCY CONTACT

Name	<input type="text"/>	Relationship	<input type="text"/>				
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Phone Number	<input type="text"/>	Cell Phone	<input type="text"/>				
Name	<input type="text"/>	Relationship	<input type="text"/>				
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	ZIP	<input type="text"/>
Phone Number	<input type="text"/>	Cell Phone	<input type="text"/>				

MEDICAL CONDITIONS

Allergies	<input type="text"/>
-----------	----------------------

OTHER INFORMATION

In the event that either parent or emergency contact person cannot be contacted by telephone I authorize Little Chute Area Schools to use discretion and seek medical attention/transportation.

 _____
Parent Signature

_____ Date