

Woodbridge Township School District
Interscholastic Athletic Emergency Information

DEADLINE: Prior to tryouts PLEASE see your COACH

Student Athlete

NAME: _____ SEX: M F SPORT: _____ GRADE: _____
ADDRESS: _____ TOWN: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
DATE OF BIRTH: _____ E-MAIL: _____

Parent/Guardian

FATHER'S NAME: _____
FATHER'S WORK PHONE: _____ CELL PHONE: _____
MOTHER'S NAME: _____
MOTHER'S WORK PHONE: _____ CELL PHONE: _____
ADDITIONAL PHONES: _____ E-MAIL: _____

If unable to contact parents, ADDITIONAL EMERGENCY CONTACT PERSON:

NAME: _____ RELATIONSHIP TO ATHLETE: _____
HOME PHONE: _____ WORK: _____ CELL: _____
PREFERRED HOSPITAL: _____
FAMILY DOCTOR: _____ PHONE NUMBER: _____
ALLERGIES: _____ MEDICATIONS: _____
DATE OF LAST TETANUS SHOT: _____ ASTHMA? YES NO
(CIRCLE)

OTHER PERTINENT MEDICAL INFORMATION: _____
MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

I have read and understand the Woodbridge Township Board of Education Policy #182 and Procedure #1820 regarding immediate medical care and transportation for student athletes who are injured at athletic events and practices.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

