

LAKE REGION UNION HIGH SCHOOL

2009

S. A. F. E.

2010

(Sports - Activities - Field Trips - Emergencies)

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_ Residence \_\_\_\_\_

(Town of)

**In case of illness, injury, or emergency, the school is authorized to:**

Contact Father at \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Mother at \_\_\_\_\_ Phone # \_\_\_\_\_

**If parent or legal guardian cannot be reached, please contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Information:**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medication taken regularly \_\_\_\_\_ Allergies \_\_\_\_\_

(Specify)

(Specify)

<b>Insurance Information:</b>	
* Insurance Carrier	_____
Group #	_____
Certificate #	_____
* School Insurance	Yes ___ No ___

WARNING: TO ALL PARTICIPANTS AND PARENTS: Catastrophic injuries such as permanent paralysis or even death can result from improper conduct within any activity. You in effect, assume the risk of any injury through your involvement in these programs. Any participant who requires medical attention as a result of an injury, must submit a written doctor's approval before he/she will be allowed to participate again. I/we do hereby certify that my child, \_\_\_\_\_, is covered by a current insurance program, and has permission to participate in interscholastic athletics or any activity/field trip that is required in a course of study at Lake Region. I/we also authorize the school's representative to transport, request, and authorize treatment for my child in the event of an accidental injury/illness. I agree that I will not hold this person liable while he/she is acting in accordance to these directions.

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Parent or Guardian Signature

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Date