

Emergency Contact Information
(Please Print)

In case of an emergency please contact the following:

#1. _____ Phone _____
#2. _____ Phone _____
#3. _____ Phone _____
Parent Signature _____ Date _____

Medical Consent
(Please Print)

The Greenbrier High School coach presenting this form has my consent to seek and authorize medical treatment for my child if it is deemed necessary.

Parent Signature _____ Date _____

Name of Student _____ Date of Birth _____

Current Physical conditions medical personnel should be aware of: _____

Medications the student is allergic to: _____

Student's regular physician _____ Phone _____

Insurance Provider _____ Phone _____

Name of Insured _____ Policy # _____

Other pertinent information _____