

COLE COUNTY R-I SCHOOLS EMERGENCY INFORMATION

This form needs to be completed, signed, and returned to the Main Office or Athletics Office BEFORE starting practice.

Name: _____ Grade: _____

Birth Date: _____ Home Phone: _____

Address: _____

Parent/Guardians: _____

Parent/Guardian Contact Numbers: _____

Email address: _____

Emergency Contact Person if Parent/Guardian Cannot Be Reached:

Name: _____ Phone: _____

Preferred Hospital: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Special Medical Problems, Allergies, or Medications:

PROOF OF INSURANCE IS REQUIRED FOR ALL ATHLETES:

Insurance Company: _____

Policy Number: _____

In case of emergency, the proper authorities (Athletic Director, Coach, Trainer, etc.) have our permission to allow treatment of our son/daughter by a physician.

PARENT/GUARDIAN SIGNATURE

Date



ATHLETIC HANDBOOK

I have read the 2024-2025 Athletic Handbook, and understand the rules and regulations applying to all Russellville students in extra-curricular activities.

ATHLETE SIGNATURE

PARENT/GUARDIAN

DATE

