	ΝΔΜΕ
	NAMELAST FIRST
	GRADE SPORT
	CB
CENTRAL BLICKS SCHOOL DIS	STRICT - DOYLESTOWN, PENNSYLVANIA
	·
EMERGENCY IN	NFORMATION AND CONSENT
Student Address:	
Parent/Guardian:	
Day Phone: Father:	
Cell Phone: Father:	Mother:
PERSON TO CONTACT IN CASE OF E	MERGENCY, OTHER THAN PARENT OR GUARDIAN:
Name (& relation):	Phone:
INSUR	ANCE INFORMATION
	Subscriber:
Policy/Group #:	
Pre-authorization Phone # (if needed):	<u> </u>
Family Doctor: Last Tetanus Shot: We	Phone:ears Glasses or contacts:
	t abnormalities etc.):
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To whom it may concern:	CONSENT FOR TREATMENT
	other school personnel) may apply first aid treatment for any in interschool athletics sanctioned by Central Bucks School
treatment or hospitalization is undertaken. In ca	al attention every effort will be made to contact me before any case we cannot be reached, we give consent for the athletic dical aid, ambulance service, and if necessary hospital
YES: NO:	
PREFERRED HOSPITAL:	
Parent/Guardian Signature:	Date:
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