

EDGEMONT JUNIOR HIGH TRAVEL CARD

Student _____ Age _____ Grade _____

Address _____ Home Phone _____

Telephone number where each parent can be contacted: _____ Business Phone _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Family Physician _____ Physician's Phone _____

Physician's Address _____ Preferred Hospital _____

If, in the event of serious injury, your family physician is not available or is not in the immediate vicinity and we are unable to contact either parent, does the staff have your permission to seek medical attention from the nearest physician?

YES _____ NO _____ If your answer is "NO," please specify the procedure you wish staff to follow: _____

If an emergency arises while your child is participating in a contest away from home, do you consent to an examination and/or treatment by a physician recommended by the host school authorities?

YES _____ NO _____ If your answer is "NO," please specify the procedure you wish the staff to follow: _____

PARENT'S SIGNATURE _____ DATE _____