

RHINELANDER SCHOOL DISTRICT

2018-2019 EMERGENCY INFORMATION

Student Name _____ Birth Date _____ Grade _____

(Please specify) Fall Activity _____ Winter Activity _____ Spring Activity _____

Mother/Guardian Name _____ Phone (Home) _____

Address _____ Phone (Cell) _____ Email _____

Father/Guardian Name _____ Phone (Home) _____

Address _____ Phone (Cell) _____ Email _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy/Group # _____

Physician _____ Phone _____

Dentist _____ Phone _____

If emergency treatment is required, I grant permission for medical treatment (circle) **YES NO**

Please list any medical conditions which the school and/or medical personnel should be aware of:

CONCUSSION INFORMATION

Have you ever had a concussion? _____ If YES, how many? _____

Have you ever experienced concussion symptoms? _____ If YES, did you report them? _____

INSURANCE WAIVER

Accident insurance is available to students and their families through First Agency, Inc (www.1stAgency.com). I/We, the undersigned, have been offered the opportunity to purchase this insurance for my/our student for injuries incurred while practicing for or participating in interscholastic sports/activities, but feel we already have adequate insurance protection.

Signature of Parent/Guardian _____ Date _____

There is a \$20 fee per activity at the Middle School and \$25 fee per activity at the High School. There is a \$100 max activity fee per family. If you qualify for free/reduced lunch, and have completed the application and sharing form, your fees will be altered accordingly.

Please be sure to sign up for your activities online at www.rhinelander.k12.wi.us each season.