



REGIONAL SCHOOL DISTRICT #19
EDWIN O. SMITH HIGH SCHOOL
DEPARTMENT OF ATHLETICS



EMERGENCY CONTACT INFORMATION

Student Name: _____ Date of Birth: _____

Street: _____ City: _____

Contact 1 (Circle one) Mom Dad Guardian Other _____

Last _____ First _____

Cell: _____ Home: _____ Work: _____

Contact 2 (Circle one) Mom Dad Guardian Other _____

Last _____ First _____

Cell: _____ Home: _____ Work: _____

Known Health Conditions/Allergies: _____

Student's Physician: _____ Contact #: _____

Student's Dentist: _____ Contact #: _____