

Riverdale Public School
52 Newark Pompton Turnpike
Riverdale, NJ 07457

Emergency Notification Form

Name: _____ SPORT _____

Parents or Guardian _____

Home Address _____

Phone _____ Work _____

Preferred Doctor _____

Preferred Hospital _____

Grade _____ Birthdate _____

Last Tetanus Booster _____

Medical Insurance Company _____

Baseline Blood Pressure _____

Allergies _____

Emergency Transportation and Treatment Policy

A. If no parent is present, the athlete will be accompanied in the ambulance by a responsible adult, preferably a school staff member.

B. If at an away game, the athlete will be transported by ambulance to the closest emergency medical facility for treatment.

Parent/Guardian Signature

Agree to the Emergency
Transportation & Treatment Policy