

RIVERDALE PUBLIC SCHOOL DISTRICT

52 Newark Pompton Turnpike • Riverdale, New Jersey 07457-1419

EMERGENCY NOTIFICATION FORM

Student Name _____ Sport _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Doctor _____

Preferred Hospital _____

Grade _____ Birthdate _____

Last Tetanus Booster _____ Baseline Blood Pressure _____

Allergies _____

Medical Insurance Company _____

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.

I, _____, agree to the
(Parent/Guardian Signature)
Emergency Transportation & Treatment Policy. Date _____

