

## Medical Emergency Information

1. Participant's name \_\_\_\_\_  
Activity: \_\_\_\_\_
  2. Home Phone: \_\_\_\_\_
  3. Contact person in case of emergency: \_\_\_\_\_  
Phone: \_\_\_\_\_
  4. Family Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_
  5. Medical info: allergies, diabetes, medicine, etc.
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6. Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_
  7. I authorize medical treatment to be given to the above named participant.

## CODE OF CONDUCT/BEHAVIOR AGREEMENT

I have read and agree with the Activities Code of Conduct.

I authorize the coach or director in charge to send my daughter/son home, via public transportation from a trip destination if he/she violates the Hellgate High School Code of Conduct or the team training rules while on the trip. It is agreed that the coach/director will contact me regarding the violation. It will then be determined how to best send my son/daughter home. I understand that this transportation will be at my expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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