

**FORM B**

**OXFORD HIGH SCHOOL EMERGENCY DATA**

**Birthdate** \_\_\_\_\_  
*Information must be on file  
for student to participate **Sport** \_\_\_\_\_  
in Oxford High School athletics.*

**Current Grade** \_\_\_\_\_

**Homeroom** \_\_\_\_\_

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**Student Name** \_\_\_\_\_  
Last First Middle

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Highly allergic to (bee stings, medication, etc.)

\_\_\_\_\_

Please specify

\_\_\_\_\_

Taking medication (please name)

\_\_\_\_\_

Diabetic \_\_\_\_\_ Epileptic \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

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Mother's Name Employer and Business Address Business Phone

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Father's Name Employer and Business Address Business Phone

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Please list below persons readily available whom we may call if parents are unavailable:**

1. \_\_\_\_\_ Telephone \_\_\_\_\_

2. \_\_\_\_\_ Telephone \_\_\_\_\_

3. \_\_\_\_\_ Telephone \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ If medical attention is required, you may give my child emergency first aid and have him/her treated by a physician.

\_\_\_\_\_ No, you may not take my child to a physician if necessary.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

IN CASE OF A CHANGE IN THE ABOVE INFORMATION, PLEASE NOTIFY: Coach

Athletic Trainer  
School Nurse