



Todd M. Johnson, Principal
 Doug Stark, Assistant Principal
 Pam Huston, Athletic and Activities Director

Hayward High School
 15930 W. 5th Street
 Hayward, WI 54843

ATHLETIC NOTIFICATION FOR EMERGENCY OR ILLNESS

Student: _____ Date of Birth: _____

Primary Parent/Guardian Information

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Secondary Parent/Guardian Information

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Doctor to be Notified: _____ Phone: _____

Unusual Health Conditions: Yes ___ No ___ If yes, complete below
 Diabetes ___ Heart ___ Allergy ___ Other _____

Please describe _____

Has your child developed any new health conditions in the past year, such as fractures, new glasses?
 Yes ___ No ___ If yes, please specify:

Is your son/daughter presently taking any medication? Yes ___ No ___ If yes, list here:

In case of emergency, please list TWO alternative numbers to call. Do the people below have authorization to transport the student? Yes ___ No ___

Name	Address	Relationship	Phone

Name	Address	Relationship	Phone

If emergency treatment is required and the parents cannot be reached, may school authorities use their best judgment in calling the doctor indicated above, or if not available, an alternate doctor, and transport, if necessary?
 Yes ___ No ___

If no, what do parents want done? _____

Parent / Guardian Signature _____ Date _____