

Regional School District #19  
Edwin O. Smith High School  
Department of Athletics

IMPORTANT  
EMERGENCY INFORMATION

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone Number - Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Custodial Parent/Guardian  Yes  No (Check)

Parent/Guardian Name: \_\_\_\_\_

Telephone Number - Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Custodial Parent/Guardian  Yes  No (Check)

Known Health Problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_