

# W. H. Shaw High School

7579 Raider Way  
Columbus, Georgia 31909  
School: 706-569-3638  
A.D. Office: 706-569-3654

**Dr. Jim Arnold**  
Principal

**Scott Newman**  
Athletic Director

**2008-09 School Year**

## Emergency Information

Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Home Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # of parents during day: Father \_\_\_\_\_ Mother \_\_\_\_\_

### IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Preferred Hospital \_\_\_\_\_ Known Allergies \_\_\_\_\_

Glasses \_\_\_\_\_ Contacts: Soft \_\_\_\_\_ /Hard \_\_\_\_\_

Medical or Hospitalization Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

**We give our consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. It is understood that the school cannot be responsible for any medical bills incurred because of the injury.**

Yes \_\_\_\_\_ No \_\_\_\_\_

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