



Kootenai Jr./Sr. High School

Phone: (208) 689-3311
 Fax: (208) 689-3311

8100 E. O'Gara Road
 Harrison, ID 83833-9710

Kootenai High School – Activity Emergency Card

Athlete: _____	Sport/Activity: Football
Volleyball	Basketball Wrestling Track
	Cheerleading

Please Print or Type – USE DARK PEN

Last Name	First Name	Address	Phone Number
Date of Birth: _____		City/State of Birth: _____	
Phone where each parent / guardian can be contacted during business hours:			
Father/Guardian _____		Mother/Guardian _____	
Name & Daytime Phone		Name & Daytime Phone	
Family Doctor: _____		Address: _____ Phone: _____	

Physical problems we should be aware of:

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact parent / guardian, does the coaching staff / administration of Kootenai High School have your permission to seek medical attention from the nearest physician?
 Yes No (If answer is no, please state the procedure you wish us to follow)

Parent / Guardian Signature _____ Date: _____
