



# GRAHAM MIDDLE SCHOOL

## AFTER SCHOOL SPORTS EMERGENCY INFORMATION

More info about sports at: [gmspeandsport.mvwsd.org](http://gmspeandsport.mvwsd.org)

STUDENTS NAME: \_\_\_\_\_ MALE/FEMALE

GRADE: 6 7 8

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work/Home Phone \_\_\_\_\_ Work/Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### DOCTOR AND DENTIST

Doctor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

### MEDICAL ALERT

If you or your emergency contacts listed cannot be reached, what action should be taken?

Is there any medical problem or allergy we should be aware of?

### EMERGENCY CONTACTS

Please list the names, addresses, and phone numbers of friends and relatives we can contact if we are unable to contact you in an emergency.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

*The Mountain View Whisman School District prohibits discrimination, harassment, intimidation and bullying in educational programs, activities, or employment on the basis of actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, parental, pregnancy, family or marital status, military status or association with a person or a group with one or more of these actual or perceived characteristics. The Mountain View Whisman School District requires that school personnel take immediate steps to intervene when safe to do so when he or she witnesses an act of discrimination, harassment, intimidation, or bullying. Questions or complaints of alleged discrimination, harassment, intimidation and bullying, equity or Title IX equity and compliance concerns should be directed to Carmen Ghysels at 650-526-3500, [750 A San Pierre Way, Mountain View, CA 94043](http://750 A San Pierre Way, Mountain View, CA 94043), or [cghysels@mvwsd.org](mailto:cghysels@mvwsd.org).*



# ESCUELA MEDIA GRAHAM

## DEPORTES PARA DESPUÉS DE LA ESCUELA INFORMACIÓN DE EMERGENCIA

NOMBRE DE ESTUDIANTE: \_\_\_\_\_ HOMBRE/MUJER

GRADO: 6 7 8

Nombre del Padre \_\_\_\_\_ Nombre del Madre \_\_\_\_\_

Dirección \_\_\_\_\_ Dirección \_\_\_\_\_

Teléfono Celular \_\_\_\_\_ Teléfono Celular \_\_\_\_\_

Teléfono del Trabajo \_\_\_\_\_ Teléfono del Trabajo \_\_\_\_\_

El Correo Electrónico \_\_\_\_\_ El Correo Electrónico \_\_\_\_\_

### DOCTOR Y DENTISTA

Nombre del Doctor \_\_\_\_\_ Teléfono \_\_\_\_\_

Dirección \_\_\_\_\_ Surgo \_\_\_\_\_ # de Póliza \_\_\_\_\_

Nombre de Dentista \_\_\_\_\_ Teléfono \_\_\_\_\_

Dirección \_\_\_\_\_ Surgo \_\_\_\_\_ # de Póliza \_\_\_\_\_

### ALERTA MÉDICA

Si no nos puede nos comunicar con Ud. o sus contactos de emergencia, ¿ que acción debemos tomar?

¿ Hay algún problema de salud que debemos de saber?

### CONTACTOS DE EMERGENCIA

Por favor escriba los nombres, dirección y numerous de teléfonos de amigos y parientes que podemos llamar en caso de que no podamos comunicarnos con Ud. en una emergencia.

Nombre \_\_\_\_\_ Nombre \_\_\_\_\_

Dirección \_\_\_\_\_ Dirección \_\_\_\_\_

Teléfono de Celular \_\_\_\_\_ Teléfono de Celular \_\_\_\_\_

Teléfono de Trabajo \_\_\_\_\_ Teléfono de Trabajo \_\_\_\_\_

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[94043](mailto:cghysels@mvwsd.org), or [cghysels@mvwsd.org](mailto:cghysels@mvwsd.org).