



Wrightson Ridge School
 350 West Sahuarita Road
 Sahuarita, AZ 85629
 Ph: (520) 625-3502 ex. 2001
 Mrs. Shelly Lizardi, Principal
 Mr. Wil Arias, Assistant Principal



Wrightson Ridge Athletics Emergency Form

Student Name: _____ Birth Date: _____ Grade: _____
 Address: _____ City: _____ Zip: _____
 Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Mother/Guardian's Name: _____ Cell/Home Phone: _____
 Place of Employment: _____ Work Phone: _____

Father/Guardian's Name: _____ Cell/Home Phone: _____
 Place of Employment: _____ Work Phone: _____

If I cannot be reached during an emergency please contact:

Contact 1 Name: _____ Cell/Home Phone: _____
 Contact 2 Name: _____ Cell/Home Phone: _____

Hospital Preference: _____ Physician: _____
 Health Insurance Info: _____ Policy Number: _____

Please indicate any existing medical conditions and/or allergies emergency personnel should know in case of an emergency: _____

If needed, can the coach or team trainer administer first aid treatment & use their best judgement to secure medical aid/911 services in the case a parent/guardian cannot be contacted: Yes _____ No _____

Parental/Guardian Consent

We are in agreement with the above information & give consent for our son/daughter to participate in Wrightson Ridge Athletics.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

