



SPORT: _____

(Circle One)

GRADE: **9** **10** **11** **12**

ATHLETIC EMERGENCY INFORMATION

PLEASE PRINT – To be filled out by parent/guardian – PLEASE PRINT

Student Name: _____ ID#: _____

Home Phone#: _____ Parent Work Phone: _____

Parent/Guardian Names(s): _____

Home Address: _____ Alternate Phone: _____

In an emergency, please list two persons you recommend we call if you cannot be reached.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

List any previous injuries (be specific): _____

List any physical disabilities: _____

List allergies: _____

List any medication the athlete may be taking or will need: _____

Preference of Physician:

1. Name: _____ Phone: _____

Office

2. Name: _____ Phone: _____

Office

Preference of Hospital: _____

We give our consent for coaches, trainers or team physician to use their own judgment in securing medical and ambulance service in case the parent/guardian cannot be reached.

_____ YES _____ NO

Name of Health Insurance: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____