

**ATHLETIC
EMERGENCY
INFORMATION FORM**

Student's Name (Last Name first): _____

Address (Street/City/Zip): _____ Cell phone: _____

PARENT/GUARDIAN

Primary Parent/Guardian Email: _____

Primary Parent/Guardian Name: _____ Home Phone: _____

Primary Parent/Guardian Address: _____ Cell Phone: _____

Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Address: _____ Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT INFORMATION

List two names of emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

MEDICAL INFORMATION

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary to provide care and treatment

Does your child have any of the conditions listed below?

Any known allergies?	Yes ___ No ___	If so, type of allergy _____
Asthma?	Yes ___ No ___	Heart Disease? Yes ___ No ___
Convulsive Disease?	Yes ___ No ___	Other chronic illness? Yes ___ No ___
Diabetes?	Yes ___ No ___	

Doctor's Name _____ Telephone _____

Dentist's Name _____ Telephone _____

Signature of Parent/Guardian with whom student resides:

Signature: _____

Date: _____