

Athletic Emergency Information

Athlete's Name: _____ Grade: _____ Birthdate: _____

Parent/Guardian: _____

Relationship to Athlete: _____ Home Phone: _____

Business/Cell Phones: _____ Email: _____

Secondary Emergency Contact: _____

Relationship to Athlete: _____ Contact Phone: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Please list any significant health conditions: _____

Medication Allergies: _____

I hereby give permission for the coach or other school officials to arrange for emergency treatment for the above named student with a physician, EMT, certified athletic trainer or hospital emergency room in the event that I cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

Parent or Guardian _____ Date: _____