

# ATHLETIC EMERGENCY INFORMATION FORM

One per student, one per year

(Only if you have changes to this form during the school year, we ask that you fill out a new one.)

Sports: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Where can parents be reached if not at home?

Mother: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_  
Name

Father: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_  
Name

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian: \_\_\_\_\_

Remarks:

Allergies:

Other Conditions:

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Choice of Hospital: \_\_\_\_\_