

ATHLETIC DEPARTMENT EMERGENCY FORM

Student: _____ Birth Date _____ Grade: _____

Home Phone: _____

Address: _____ City: _____ Zip: _____

Student lives with: Both Parents Mother Father Guardian

Father's/Guardian's Name: _____

Place of Employment: _____ Phone: _____

Mother's/Guardian's Name: _____

Place of Employment: _____ Phone: _____

If I cannot be reached in case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Hospital Preference (if the situation allows): _____

Please indicate any medication currently being taken or any medical condition emergency personnel would need to know in case of emergency.
