

ATHLETIC DEPARTMENT EMERGENCY FORM

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell 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 arises): \_\_\_\_\_

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

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