

ATHLETIC EMERGENCY INFORMATION

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent-cell phone \_\_\_\_\_

Grade \_\_\_\_\_ Mother-work phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Father-work phone \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor phone \_\_\_\_\_

Dentist \_\_\_\_\_ Dentist phone \_\_\_\_\_

Highly allergic to \_\_\_\_\_

Diabetic \_\_\_\_\_ Epileptic \_\_\_\_\_ Other \_\_\_\_\_

Asthma \_\_\_\_\_ Cardiac Problems \_\_\_\_\_

Contact lenses \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medications \_\_\_\_\_

Do you carry with you: Inhaler: \_\_\_\_\_ Epi-pen: \_\_\_\_\_

Please indicate below any known conditions, illnesses, allergies, or prior injuries, which could affect or limit participation in sports and/or medical treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event parents cannot be reached, call:

_____ Name	_____ Phone
_____ Name	_____ Phone

You have my permission to take whatever action is deemed necessary for the health and welfare of my child.

I also agree to notify the Athletic Director immediately if my child develops an illness or injury during the season, which would affect his/her ability to participate in any practices or contests.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian