

STUDENT EMERGENCY CONTACT INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____

In case of emergency and parent/guardian cannot be contacted, notify:

Name: _____ Phone # Day: _____

Relationship to Student: _____ Phone # Night: _____

Name of Athlete's Physician: _____

Physician's Phone #: _____

Known Allergies: _____

Operations: _____

Fractures: _____

Any type of medical condition, explain: _____

The team physician, athletic trainers, coaches, or sponsors may apply treatment and care of my son/daughter until family physician can be contacted: YES _____ NO _____

I give my consent for the team physician, athletic trainers, coaches, or sponsors to use their own judgment in securing medical aid and ambulance service in case I cannot be reached at the time such services may become necessary.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date (Permission will remain in effect for one school year): _____