



# EMERGENCY CONTACT ATHLETICS

**Attention:** This form must be signed by both the student and the parent/guardian and be on file **BEFORE** the student may participate in any practice session, scrimmage or game. This form may not be altered.

## Emergency Health and Medical Telephone Numbers

Student Name: \_\_\_\_\_ Grade: 2023-2024. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_Male\_ Female Sport(s) \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student Contact #: \_\_\_\_\_

### Spouse

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In case of an emergency, first contact: \_\_\_\_\_ at \_\_\_\_\_ number.

**For Emergency Use If Parents Cannot be located. Contacts must be aware of this agreement.**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any medical conditions or allergies:** \_\_\_\_\_

Inhaler: Yes  No

Medications: \_\_\_\_\_