

Emergency Information Form

Athlete's name _____ Age _____
Address _____ City _____ St. ____ Zip _____
Phone _____

List two persons to contact in case of emergency:

Parent or guardian's name _____
Address _____ City _____ St. ____ Zip _____
Home phone _____ Work _____ Cell _____

Second person's name _____
Address _____ City _____ St. ____ Zip _____
Home phone _____ Work _____ Cell _____
Relationship to athlete _____

Insurance co. _____ Policy # _____
Physician's name _____ Phone _____

IMPORTANT

Is your child allergic to any drugs? ____ If so, what _____

Does your child have any allergies? (e.g., bee stings, dust) _____

Does your child have ____ asthma, ____ diabetes, or ____ epilepsy?

Does your child use an inhaler? _____

Is your child on any medication? ____ If so, what? _____

Does your child wear contacts? _____

Is there anything else we should know about your child's health or physical condition? ____ If yes, please explain. _____

Parents/Gaurdian's Signature _____ Date _____

Failure to complete and return this form to your child's coach could result in holding them out of competition.