



Emergency Care Information

In case of an emergency, the coach or staff member will call 911. Every attempt will be made to contact a parent, guardian, or designated emergency contact.

* This form is to be filled out by the parent/guardian.

Student Information			
Last:	First:	Middle:	Grade:
DOB:	Gender:	Student ID #:	
Email Address:		Cell phone #:	

Parent/Guardian Contact Information		
Last:	First:	Middle:
Address:		
Home #:	Cell #:	Work #:
Relationship:	Language:	Email:

Other Parent/Guardian Contact Information		
Last:	First:	Middle:
Address:		
Home #:	Cell #:	Work #:
Relationship:	Language:	Email:

Other Contact Information – list at least two people we may call if the parent/guardian cannot be reached in the event of an emergency. These should be people who also have your permission to pick up your child from the school during the school day.

Name of Person	Relationship	Language	Telephone
1.)			
2.)			
3.)			
4.)			

Current Health Conditions

Allergies (be specific - food, drugs, other)

Hearing/Vision Problems:

Physical Disability:

Other:

List all medications your child is taking and the dosages:

Physician Information

My child's medical care is provided by (list first and last name and phone number):

My medical coverage is provided by:

I, _____, in the event of illness or injury, do hereby consent to medical/hospital treatments and/or medical-related transport that is determined necessary in the best judgment of the coaching staff, athletic trainers, and/or attending medical personnel.

Parent Signature _____ Date _____

