

EMERGENCY INFORMATION
(PLEASE PRINT)

SPORT: _____

SCHOOL YEAR: _____

This form is to be filled out by parent or legal guardian and returned to the coach on the following day.

STUDENT (LAST NAME, FIRST NAME, MIDDLE NAME)	BIRTHDATE (MONTH, DAY, YEAR)	GRADE	SECTION
STREET ADDRESS	ZIP CODE	HOME TELEPHONE	
MOTHER (LAST NAME, FIRST NAME, MIDDLE INITIAL)	PLACE OF EMPLOYMENT	BUSINESS TELEPHONE	
FATHER (LAST NAME, FIRST NAME, MIDDLE INITIAL)	PLACE OF EMPLOYMENT	BUSINESS TELEPHONE	
FRIEND OR RELATIVE TO BE CALLED WHEN NEITHER PARENT CAN BE REACHED			
(LAST NAME, FIRST NAME, MIDDLE INITIAL)	RELATIONSHIP TO STUDENT	TELEPHONE	
(LAST NAME, FIRST NAME, MIDDLE INITIAL)	RELATIONSHIP TO STUDENT	TELEPHONE	
FAMILY PHYSICIAN		INSURANCE COMPANY	
(LAST NAME, FIRST NAME, MIDDLE INITIAL)	TELEPHONE	NAME	

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent/Legal Guardian _____ Date _____

IMPORTANT: PLEASE COMPLETE INFORMATION ON BACK

<p>Resting Heart Rate: _____</p> <p>Resting Blood Pressure: _____</p> <p>Previous injury history: _____</p>	<p>Date of last tetanus shot: _____</p> <p>Does the student wear contact lenses? YES NO (Circle one)</p> <p>Is student presently taking any medication? If so, what type?</p>
<p>Please list any allergies to medications, etc.</p>	