



## EMERGENCY INFORMATION

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent Guardian #1- WK & Cell Phone \_\_\_\_\_

Parent Guardian #2- WK & Cell Phone \_\_\_\_\_

Alternative Emergency Contact/ Relation to student athlete \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_

Family Dentist \_\_\_\_\_

Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

Medical condition(s) to be aware of: \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Effective Date of Policy \_\_\_\_\_

Contact Lenses YES / NO

In case of injury, I hereby give my permission for the student named to be given immediate emergency care by any physician or E.M.T. I also grant permission for he/she to be transported to (hospital) or nearest available hospital by emergency vehicle.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information needed:

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