

EMERGENCY INFORMATION FOR INTERSCHOLASTIC ATHLETICS

PLEASE PRINT

Name _____ Birthdate _____ Age _____

Parent / Guardian's Name _____ Home Phone _____

Address _____ Grade _____

Father's _____ Mother's _____ Phone During Day _____

In An Emergency, If Parents Cannot Be Contacted:

Notify _____ At (Phone #) _____

Family Doctor _____ Doctor's Phone _____

Preferred Hospital _____ Known Allergies _____

The team physician, trainer and coach may apply first aid treatment until the family doctor can be contacted. ___ Yes ___ No. We give our consent for coaches, trainers and team physician to use their own judgement in securing medical aid and ambulance service in case the parents cannot be reached. ___ Yes ___ No.

Dated _____ Parent Signature _____