

Emergency Data

This form must be filled out by all athletes.

Student Athletes: Please complete and return the entire form (Parts "A" & "B") to your coach.

STUDENT NAME (PLEASE PRINT): _____

1. Parent/Guardian Name: _____
Address: _____
Telephone: Home: _____ Work: _____
2. Person to notify if parent/guardian is not available:
Name: _____
Address: _____
Telephone: Home: _____ Work: _____
3. Physician/Nurse Practitioner Name: _____
Address: _____ Telephone: _____
4. Hospital preference: _____
5. In case of emergency and you are not available, do we have permission to take your child to a hospital, and, does the hospital have your permission to treat your child? Yes No

Parent/Guardian Signature _____ Date _____

Part "B"

EMERGENCY DATA

(For Athletic Coaches)

STUDENT NAME (PLEASE PRINT): _____

1. Parent/Guardian Name: _____
Address: _____
Telephone: Home: _____ Work: _____
2. Person to notify if parent/guardian is not available:
Name: _____
Address: _____
Telephone: Home: _____ Work: _____
3. Physician/Nurse Practitioner Name: _____
Address: _____ Telephone: _____
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5. In case of emergency and you are not available, do we have permission to take your child to a hospital, and, does the hospital have your permission to treat your child? Yes No

Parent/Guardian Signature _____ Date _____