

Emergency Data *This form is to be filled out by all athletes* **School Year:** _____

Please complete and return the entire form (top and bottom) to your coach

Sport _____

STUDENT NAME (PLEASE PRINT): _____

1. Parent/Guardian Name: _____

Address: _____

Telephone: Preferred: _____ Additional: _____

2. Person to notify if parent/guardian is not available:

Name: _____

Address: _____

Telephone: Preferred: _____ Additional: _____

3. Does your daughter have any health issues including allergies? ___ YES ___ NO If yes, explain: _____

_____ Are medications needed? _____

4. Physician/Nurse Practitioner Name: _____

Address: _____ Telephone: _____

5. Hospital preference: _____

6. 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 _____

Sport _____

School Year: _____

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Parent/Guardian Signature _____ Date _____