

Fall Sport

Winter Sport

Spring Sport

Boys Girls

Boys Girls

Boys Girls

COOPER ACTIVITY EMERGENCY CARD

This form goes to the Coach and the Athletic Trainer. **Please provide AT LEAST two phone numbers including a NON-Parent.**

Include Medical History at the bottom.

Date _____

Student Name _____ DOB _____ Grade _____

Address _____ Home # _____

City/State/Zip _____

Parent/Guardian's Name _____ Work # _____

Cell # _____

Parent/Guardian's Name _____ Work # _____

Cell # _____

***Non-Parent to Notify in Case of Emergency** _____

***Phone Number** _____

Medical History: Answer Yes/No: Diabetes? _____ Epilepsy? _____

Asthma? _____ Allergies? _____ If yes, please list _____

Other medical concerns we should know about this student? _____

Family doctor _____ Hospital _____

Parent / Guardian Signature: _____

Date: _____