

FULTON COUNTY ATHLETIC
EMERGENCY CONTACT FORM
2024-25

High School: _____

Athlete Information: Sport: _____ Grade: _____

Date Prepared: _____

Athlete Name: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: _____ Parent Name(s): _____

In case of an emergency, please contact in the following:

1) Name _____ Relationship: _____

Phone Numbers: (H) _____ (C) _____ (W) _____

2) Name _____ Relationship: _____

Phone Numbers: (H) _____ (C) _____ (W) _____

Insurance Information: (Every athlete must have medical coverage through an individual policy or purchased through Fulton County School System).

Insurance Company: _____ Policy Number: _____

OR: Indicate School Insurance Purchased _____

Medical Information:

Date of Last Physical: _____

Please list any known allergies: _____

Please list ongoing medical conditions and current medications: _____

_____ Please list previous injuries: _____

_____ Has the athlete ever had a concussion? _____

Please note any known medical issues which should be known by medical personnel upon treatment: _____

Permission to Treat:

- In the event of a minor injury or discomfort, I give permission for the athletic trainer to treat the athlete as needed.
- If the parent/guardian/other (listed above) cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the hospital of its choice and such medical care as is reasonably necessary for the welfare of the athlete if he/she is injured in the course of participation in interscholastic activities.

Signature of Parent or Guardian:

Name: _____ Date: _____