EMERGENCY CONTACT FORM

Sport: _____

Athlete's Name: _____
First M.I. Last

Birthdate: _____ Grade: _____
mm/dd/yyyy

Name of Primary Emergency Contact: _____

Relation to Athlete: _____

_____ _____ _____
Home Phone Work Phone Other Phone

Name of Secondary Emergency Contact: _____

Relation to Athlete: _____

_____ _____ _____
Home Phone Work Phone Other Phone

Name of Physician or Clinic: _____

Address: _____

Phone: _____ Preferred Hospital: _____

Insurance Provider: _____ Policy Number: _____

Name of Dentist or Clinic: _____

Address: _____

Phone: _____

Insurance Provider: _____ Policy Number: _____

Other Important Information: (allergies, meds, conditions, etc.):