



ANTIOCH UPPER GRADE SCHOOL

WIN THE DAY!

EMERGENCY CONTACT SHEET | SPORTS/INTRAMURALS

STUDENT INFORMATION

Student Name

Grade

Address

Date of Birth

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Phone Number

Email Address

Alternate Phone Number

Parent/Guardian 2

Phone Number

Email Address

Alternate Phone Number

MEDICAL INFORMATION

Medical Concerns (such as, but not limited to, life threatening allergies, asthma, diabetes, seizures, heart conditions, current conditions (broken bones, sprains, or fractures) or other medical concerns the coach/supervisor needs to be aware of:

Does your child require access to medication: YES / NO. If yes, please list the medication(s):

Doctor's Name: _____

Phone: _____

Preferred Hospital: _____

City/State: _____

EMERGENCY CONTACTS

Name/Relationship to Student

Phone Number

Name/Relationship to Student

Phone Number

Name/Relationship to Student

Phone Number