

PARENT FORM

Athlete's Emergency Information

Sport(s) _____ Birthdate: _____
Name: _____ Sex: M F Age: _____ Grade: _____
Address: _____ City: _____ Zip: _____
Parent's Name: _____ Relationship: _____
Home Phone : _____ Cell Phone: _____
Insurance Company: _____ Policy/Member: _____
Circle any that apply: Diabetes Seizures Asthma Heart Condition Allergies
Any medication currently being taken: _____
Any allergies to medications: _____

Emergency Contact (Other than parent)

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

In case of a serious injury requiring immediate attention school district employees are authorized to give first aid and obtain treatment or emergency hospital care.

Signature of Parent or Guardian:

Date: