

Emergency Contact Information - Parent/Guardian Consent Form

Please Print:

Athletes Name _____ Phone # _____

Athletes Address _____

_____ Date of Birth _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Allergic to Medication _____

Wears Glasses/Contacts _____

Names/Phone Numbers of other responsible individuals if parents can not be reached:

_____ Home Phone _____ Work _____

_____ Home Phone _____ Work _____

Parents Preferred Hospital _____

In case of emergency, I give authorization for emergency care and transportation of my child

Parent/Guardian Signature _____ Date _____

Family Physician _____ Family Dentist _____

Name of Health Insurance _____

Please complete and return to the Athletic Director or Head Coach.