

# Athlete Emergency Contact Form

The information requested on this form is confidential and for emergency use only.  
Coaches must keep a copy on them for all practices and games.

## STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Alternative Contact: : \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## MEDICAL INFORMATION:

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency: \_\_\_\_\_

Please list any allergies to medications: \_\_\_\_\_

Please list any current medications your child is taking: \_\_\_\_\_

Has your child been prescribed an inhaler or epipen? \_\_\_\_\_ If so, does the child have the medication in their possession? \_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_

Please list the date of your child's last tetanus shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I request the school contact me, if they are not able to reach me and emergency care is considered necessary,

I give permission to the school personnel to seek emergency medical care, including transportation to and care at the closest emergency facilities, and I assume financial responsibility for such.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date