

Family Last Name: _____

Athlete Emergency Information Form

(List athletes oldest to youngest)

(Please Print Clearly)

#1 Athlete's Full Name: _____ Male__ Female__ Program_____

#2 Athlete's Full Name: _____ Male__ Female__ Program_____

#3 Athlete's Full Name: _____ Male__ Female__ Program_____

Mailing Address: _____

Postal Code: _____

Mother: _____

Father: _____

Phone numbers:

Phone numbers:

Home: _____ Work: _____

Home: _____ Work: _____

Cell: _____

Cell: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____ Cell: _____

Family Doctor: _____

Phone: _____

Athlete #1

Athlete #2

Athlete #3

Care Card # _____ Care Card # _____ Care Card # _____

Important Medical Information: (Asthma, diabetes, etc.)

Athlete #1

Athlete #2

Athlete #3

Medications: Athlete #1

Athlete #2

Athlete #3

Can athlete administer his/her own medication? Yes No

Allergies: Athlete #1

Athlete #2

Athlete #3

Previous serious injuries or illnesses:

Athlete #1

Athlete #2

Athlete #3

Other: (contacts, prosthesis etc.)

Athlete #1

Athlete #2

Athlete #3

Authorization

In the event that parents, guardians, or emergency contacts cannot be reached in the event of an emergency, I hereby authorize care for my child/children as named above; to be overseen by the head certified coach or his designate until such parties can be reached.

Dated this _____ day of _____, 20

Authorized Signatory

(Print name of authorized signatory)