

Emergency Care Form

(To be completed and signed by student-athlete's parent or guardian)

Student-Athlete's Name: _____ Birth Date ___/___/___

Sport(s)/Activity: _____

Grade _____ Male _____ Female _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone Number: _____ Work or Cell Phone Number: _____

Parent (s) Place of Employment: _____

Family Doctor: _____ Family Dentist: _____

Private Insurance Carrier: _____

In the event of an emergency, if you are unable to be reached, please list an alternative contact:

Name: _____ Phone Number: _____

Please list any known medication-related allergies: _____

Please list non-medication related allergies: _____

Please list any medications student-athlete is currently taking: _____

Please list any medical conditions student athlete has (asthma, diabetes, etc.): _____

Please list any previous injuries (ankle sprain, concussion, etc.): _____

I hereby authorize the athletic training and medical staff to provide and secure any medical assistance needed in the event of an athletic injury on behalf of my son/daughter.

Parent/Guardian Signature: _____ Date: _____