



Athletic Emergency Information

In the event of a medical emergency, medical personnel may need to know the following information. This form is to be completed prior to the start of each sports season. **Please print legibly.**

Athlete's Name _____ DOB _____ Age _____

Address _____ Grade _____

Parent/Guardian _____ Phone (Hm/Wk/Cell) _____

Parent/Guardian _____ Phone (Hm/Wk/Cell) _____

Emergency Contact #1 _____ Phone (Hm/Wk/Cell) _____

Emergency Contact #2 _____ Phone (Hm/Wk/Cell) _____

Athlete's Physician _____ Phone _____

Insurance Co. _____ Policy Holder's Name _____

Name of Preferred Hospital _____

I understand that in the event of an emergency, medical personnel will provide whatever emergency treatment is necessary after all reasonable effort has been made to contact parent, legal guardian and family physician.

Parent/Guardian Signature _____ Date _____

****Please complete other side****

Please complete the following. If it does not apply, write N/A:

Did you experience a significant injury during a school or non-school activity within the last year (concussion, surgery, broken bone, etc.)? If yes, explain. _____

Known allergies: _____

Current medications: _____

Important medical history including diabetes, heart disease, epilepsy, etc: _____

Date of last tetanus shot: _____