



ATHLETICS – EMERGENCY CONTACT INFORMATION

Athlete's Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian

Parent/Guardian: _____

Phone #1: _____ Phone #2: _____

Parent/Guardian: _____

Phone #1: _____ Phone #2: _____

Emergency Contacts (In the event a parent cannot be reached)

Contact 1: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Contact 2: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Additional Information

Please list any pertinent medical information (asthma, diabetes, allergies, daily medications, etc.) that the coach should be aware of.