



HEALTH & EMERGENCY FORM FOR ATHLETICS



Athlete's Full Name: _____

Male Female Date of Birth: _____

Grade: _____ Sport: _____

Parent/Guardian Full Names: _____

Address: _____

Phone Numbers

Home: _____

Work: _____ (Dad) _____ (Mom)

Cell: _____ (Dad) _____ (Mom)

As parent/guardian of _____, I give my permission to the coach(es) to call for medical attention to the nearest physician or hospital in case of accident or injury.

The coach(es) has my permission to administer first aid: Yes No

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Preference: _____

Known allergies, health conditions, etc.: _____

Parent/Guardian Signature

Date