

Emergency Contact Form (Please Print)

_____ Last Name First
Name Middle _____

_____ Address City
State Zip Code _____

Student lives with: (circle one) Both Parents / Mother / Father / Guardian

Mother/Guardian Home Number Work Number Cell Number

Father/Guardian Home Number Work Number Cell Number

List two emergency contacts if parents are unavailable:

Name Relationship Home Number Work Number Cell Number

Name Relationship Home Number Work Number Cell Number

In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. If, in the event, I cannot be reached, the treatment of referral necessary for the best interest of the above-named student/athlete is given.

Allergies: _____

Other Medical Conditions: _____

Physicians Name: _____ Phone Number: _____

Insurance Company Name: _____ Insurance Company Phone: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Signature of Parent/Guardian _____ Date _____