

EMERGENCY CONTACT AND MEDICAL INFORMATION FOR ATHLETES

Child's Name	Date of Birth	Grade	M	F
			Sex	
Allergies / Special Health Considerations	Sport			
Child's Cell Phone Number	Yes / No	Text Messaging		

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			Sex	
Allergies / Special Health Considerations	Sport			
Child's Cell Phone Number	Yes / No	Text Messaging		

Child's Name	Date of Birth	Grade		
			Sex	
Allergies / Special Health Considerations	Sport			
Child's Cell Phone Number	Yes / No	Text Messaging		

Preferred Contact Number

Parent's/Guardian's Name (Primary Contact)

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Home Phone

()

Work Phone

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Cell Phone

Address

City, ST, ZIP Code

Parent's/Guardian's Name (Secondary Contact)

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Home Phone

()

Work Phone

()

Cell Phone

Address

City, ST, ZIP Code

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/ Guardian's Signature

Hostpital Preference

___ Sanford ___ McKennan