

**East Texas Christian Academy  
Athlete Emergency/Medical Information**

**Student Information**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Level \_\_\_\_\_

Student Home Phone \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_

**Custodial Parent Information**

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Preferred Emergency Contact: Circle One

In case of emergency, the school should contact the people listed below in the following order.

	Name	Relationship	Phone Number
1.			
2.			
3.			

**Insurance Information**

Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date