



Athlete Emergency/Medical Information

Student Information:

Name: _____

Date of Birth: _____

Grade: _____

Home Phone: _____

Student Cell Phone: _____

Student Email: _____

Custodial Parent Information:

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

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

Name	Relationship	Phone
1.		
2.		
3.		

Insurance Information:

Insurance Company: _____

Policy/Group Number: _____

Policy Holder's Name: _____

Parent/Guardian Signature

Date