



Athletic Information Form

School Name: _____ School Year: _____

Dear Parent/Guardian:

The Athletic Department Coaches will have the following information on hand in case of an incident or medical emergency should occur. Please take the time to complete this form and return it with your son/daughter.

PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Member of School Team: _____

Name(s) of Coach(es): _____

Name of Parent/Guardian: _____

Home Address: _____

Telephone Number: Home: _____ Work: _____

Doctor's Name: _____ Telephone Number: _____

In the event of an emergency, and you are not available, please provide us with a contact person:

Name: _____

Telephone Number: Home: _____ Work: _____

Please list any medical conditions (e.g. diabetes, asthma, allergies, concussion, etc) that pertains to your son/daughter:
