



# Emergency Information Form

Student-Athlete Information	
Student – Athlete Name	
DOB (MM/DD/YYYY)	
Mother's Name	
Home phone	
Work phone	
Cell phone	
E-mail address	
Father's Name	
Home phone	
Work phone	
Cell phone	
E-mail address	
<b>Medical Information:</b> Should my son/daughter require emergency medical attention he/she has the following physical or medical limitations, including allergies and prohibited medicine:	
Known physical limitations	
Known medical conditions	
Known allergies	
Prohibited medications	
<b>Emergency Information:</b> Persons allowed to care for student-athlete in case the parent(s)/guardian(s) cannot be reached:	
Name	
Phone	
Name	
Phone	
Physician	
Phone	
Dentist	
Phone	