

Family Last Name: \_\_\_\_\_

**Athlete Emergency Information Form**

(List athletes oldest to youngest)

(Please Print Clearly)

#1 Athlete's Full Name: \_\_\_\_\_ Male\_\_ Female\_\_ Program\_\_\_\_\_

#2 Athlete's Full Name: \_\_\_\_\_ Male\_\_ Female\_\_ Program\_\_\_\_\_

#3 Athlete's Full Name: \_\_\_\_\_ Male\_\_ Female\_\_ Program\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Phone numbers:

Phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

Phone: \_\_\_\_\_

Athlete #1	Athlete #2	Athlete #3
Care Card # _____	Care Card # _____	Care Card # _____

Important Medical Information: (Asthma, diabetes, etc.)

Athlete #1	Athlete #2	Athlete #3
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Medications: Athlete #1	Athlete #2	Athlete #3
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Can athlete administer his/her own medication? Yes No

Allergies: Athlete #1	Athlete #2	Athlete #3
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Previous serious injuries or illnesses:

Athlete #1	Athlete #2	Athlete #3
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Other: (contacts, prosthesis etc.)

Athlete #1	Athlete #2	Athlete #3
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**Authorization**

In the event that parents, guardians, or emergency contacts cannot be reached in the event of an emergency, I hereby authorize care for my child/children as named above; to be overseen by the head certified coach or his designate until such parties can be reached.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
(Print name of authorized signatory)