



# Emergency Information

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STUDENT-ATHLETE \_\_\_\_\_ DOB \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_

HOME# \_\_\_\_\_

WORK# \_\_\_\_\_

CELL# \_\_\_\_\_

EMAIL \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

HOME# \_\_\_\_\_

WORK# \_\_\_\_\_

CELL# \_\_\_\_\_

EMAIL \_\_\_\_\_

Should my son/daughter require emergency medical attention he/she has the following physical or medical limitations, including allergies and prohibited medicine: \_\_\_\_\_

Persons allowed to care for student-athlete in case parent/guardian cannot be reached:

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE# \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE# \_\_\_\_\_

