

SPORT _____
Fall Winter Spring

COACH'S EMERGENCY INFORMATION

STUDENT'S Name _____ Grade _____

Parent/Guardian's Name _____

Home Phone _____ WorkPhone _____

Medical Concerns/Medications _____

Family Doctor _____ Phone _____

Hospital _____

Insurance Company _____ Policy # _____

In case of accident or serious illness, I request the coach to contact me. If unable to reach me, I hereby authorize him/her to call the doctor listed above and to follow his instruction. If it is impossible to contact this doctor, the coach may make whatever arrangements necessary.