



COACHES EMERGENCY INFORMATION FORM 2021-22

NAME _____ SPORT _____

PARENT/GUARDIAN _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

PARENT/GUARDIAN _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

PHYSICIAN NAME _____

PHONE _____

HOSPITAL _____

INSURANCE COMPANY _____

GROUP NUMBER _____

POLICY NUMBER _____

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____