

### ATHLETIC NOTIFICATION FOR EMERGENCY OR ILLNESS

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **Primary Parent/Guardian Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### **Secondary Parent/Guardian Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Doctor to be Notified: \_\_\_\_\_ Phone: \_\_\_\_\_

Unusual Health Conditions: Yes \_\_\_ No \_\_\_ If yes, complete below

Diabetes \_\_\_ Heart \_\_\_ Allergy \_\_\_ Other \_\_\_\_\_

Please describe \_\_\_\_\_

Does this child have any physical condition that might limit his/her physical activity?

\_\_\_\_\_

Has your child developed any new health conditions in the past year, such as fractures, new glasses?

Yes \_\_\_ No \_\_\_ If yes, please specify:

\_\_\_\_\_

Is your son/daughter presently taking any medication? Yes \_\_\_ No \_\_\_ If yes, list here:

\_\_\_\_\_

(Please continue on back)

In case of emergency, please list TWO alternative numbers to call.

Do the people below have authorization to transport the student? Yes \_\_\_\_ No \_\_\_\_

Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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If emergency treatment is required and the parents cannot be reached, may school authorities use their best judgment in calling the doctor to be notified, or if not available, an alternate doctor, and transport, if necessary?

Yes \_\_ No \_\_\_\_

If no, what do parents want done? \_\_\_\_\_

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**Print Parent/Guardian Name**

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**Parent / Guardian Signature**

**Date**