

10.4 - Medical Emergency Form

Athlete's Name _____

Guardian _____

Home Address _____

Home phone: _____ Work #: _____ Cell #: _____

Guardian _____

Home Address _____

Home phone: _____ Work #: _____ Cell #: _____

Physician to be notified _____

Clinic _____ Phone #: _____

Hospital _____ Phone #: _____

Unusual Health Conditions _____ Yes _____ No

If "yes" complete _____ Asthma/breathing disorder _____ Allergies _____ Diabetes
_____ Bee sting _____ Convulsive disorder _____ Other

Does this student carry medicine _____ Yes _____ No

If "Yes" please list

If emergency treatment is required and the parents cannot be reached immediately, may the coaches use their own judgement in calling the physician listed above or, if not available, an alternate physician.

_____ Yes _____ No If "no" indicated plan to follow: _____

Which parent should be contacted first? _____

Are there unique circumstances regarding your child that the coach should be aware of?

_____ Yes _____ No If "yes" please describe: _____

Parent Signature _____ Date _____