**Student Athlete Emergency Form**

**Athlete’s** **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Male** **Female Age**: \_\_\_\_\_\_\_\_\_

**Birthday**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_\_**Homeroom** **Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athlete’s Home Address** **City** **State** **Zip** **Code**

**Mother**/**Guardian** **Best** **Contact** **Phone** **#** **Other #**

**Father**/**Guardian** **Best** **Contact** **Phone** **#** **Other #**

I, ­­­­­ , give the head coach permission to seek medical aid as deemed necessary for my son/daughter in the event I cannot be contacted.

I, , authorize the following persons to be contacted in an emergency if I can not be reached and/or to transport my child to and from games and/or practices.

Name Best Contact Phone # Other #

Name Best Contact Phone # Other #

**Signed**: **Date**:

**Printed** **Name**:

Email: