

Family \_\_\_\_\_



**Athletic Program  
2008 - 2009  
Emergency Form**

\_\_\_\_\_  
*Child's First Name*                      *Date of Birth*                      *Grade / Room*

\_\_\_\_\_  
*Child's First Name*                      *Date of Birth*                      *Grade / Room*

\_\_\_\_\_  
*Home Address*    *Phone Number*

\_\_\_\_\_  
*City / State / Zip Code*

**Parents' or Guardians' Business Address & Telephone:**

\_\_\_\_\_  
*Mother's Last Name*                      *First Name*

\_\_\_\_\_  
*Business Address*    *Business Phone*

\_\_\_\_\_  
*Father's Last Name*                      *First Name*

\_\_\_\_\_  
*Business Address*    *Business Phone*

\_\_\_\_\_  
*Guardian's Last Name*                      *First Name*

\_\_\_\_\_  
*Business Address*    *Business Phone*

( - over - )

*Illness or Accident or Leaving Premises:* In the event of apparently serious illness or accident, when a parent/guardian cannot be reached, one of the following should be notified by telephone. They are authorized to act in the absence of parent/guardian, and they have *signed* their names on this form. They may also release my child from any practice/game/meet.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

*Doctor's Name and Telephone:* If one of the above persons cannot be reached, and immediate and professional medical attention is deemed necessary, I give permission for my child to be transported to *Paoli Hospital*.

I wish any one of the following doctors to be notified:

\_\_\_\_\_  
*Name of Physician*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Name of Physician*

\_\_\_\_\_  
*Phone Number*

*Special Instructions*

Any Allergies? \_\_\_\_\_

Any Chronic Illness? \_\_\_\_\_

Any additional information for the Coaching Staff: \_\_\_\_\_

\_\_\_\_\_