

SPORT _____

**ST. CORNELIUS SCHOOL ATHLETIC ASSOCIATION
EMERGENCY INFORMATION**

PLEASE PRINT

Date _____

Athlete's Name _____
Address _____

Birthdate _____
Home Phone _____

WHERE CAN PARENTS BE REACHED IF NOT AT HOME?

Mother Address _____
Father Address _____

Phone _____
Phone _____

**LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME
TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED**

1. Name _____
Address _____

Phone _____

2. Name _____
Address _____

Phone _____

**IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE COACH
TO CONTACT ME. IF THE COACH IS UNABLE TO REACH ME, I HEARBY
AUTHORIZE THE COACH TO CALL THE PHYSICIAN INDICATED BELOW
AND TO FOLLOW HIS INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT
THE PHYSICIAN, THE COACH MAY MAKE WHATEVER ARRANGEMENTS
SEEM NECESSARY.**

Signature of parent or guardian _____

Date _____

Is child taking any medications? Yes _____ No _____ Medicine _____
If yes, reason _____

Local physician's name _____
Address _____
Home phone _____

Phone _____