

# EMERGENCY CONTACT INFORMATION

Circle One:    **ATHLETE**                      **COACH**                      **CHAPERONE**

<b>NAME:</b>	<b>Blood Type:</b>	<b>Disability:</b>
<b>Guardian Name: (if applicable)</b>	<b>Guardian</b>	
<b>ALLERGY INFORMATION</b>		
<b>Medication Allergies:</b>		
<b>Food Allergies:</b>		
<b>Environmental Allergies:</b>		
<b>MEDICAL INFORMATION</b>		
<b>Doctor Name:</b>	<b>Doctor Phone #:</b>	
<b>Current Medical Conditions: (i.e., diabetes, head injury)</b>		
<b>Current Medications:</b>		
<b>EMERGENCY CONTACT INFORMATION</b>		
<b>#1 Contact Name :</b> (relationship)	<b>Cell Phone:</b> <b>Other Phone:</b>	
<b>#2 Contact Name:</b> (relationship)	<b>Cell Phone:</b> <b>Other Phone:</b>	
<b>#3 Contact Name:</b> (relationship)	<b>Cell Phone:</b> <b>Other Phone:</b>	
<b>Other Significant Information :</b>		

**SIGNATURE:**

**DATE:**