## **Emergency Contact Information** (Child Athlete)

Child's Full Name
Date of Birth
Age
Gender
Parent/Guardian Name(s)
Relationship
Primary Phone
T filliary F florie
Secondary Phone
Email Address
Home Address
Emergency Contact (other than parent/guardian)
Relationship
Emergency Contact Phone
Medical Conditions/Allergies

Medications

Physician's Name		
Physician's Phone		
Insurance Provider		
Policy Number		
Additional Notes		