

Athlete Emergency Contact Form

Student-Athlete Information:

Student-Athlete Name: _____

Sport(s) Participation: _____

Home Address: _____ City: _____ Zip: _____

Phone #: _____ Year in School (please circle): 9 10 11 12

Emergency Contact Information: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Primary Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Alternative Phone #: _____

Alternative Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Alternative Phone #: _____

Primary Care Physician Location (Please circle one):

Door County Medical Center Bellin Healthcare Aurora Healthcare Other Location

Physician Name: _____

Conditions/Issues: Please list any and all medical issues the student-athlete may have (i.e. asthma, allergies, etc.)

Medications: Please list any and all medications that the student-athlete is currently taking.

****Please return form to your Athletic Director****