

Concordia Prep School

Emergency Information

Athlete's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Home #: _____ Work: _____ Cell: _____

Parent/Guardian: _____ Home #: _____ Work: _____ Cell: _____

Parent Email Contacts: _____

List any additional contact information on back of paper

In an emergency, if parents cannot be contacted:

NOTIFY: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Family M.D. _____ Phone #: _____

Allergies/Medical Conditions: _____

Medications: _____

Parent of Guardian Authorization:

I hereby give my consent for emergency medical treatment deemed necessary by a licensed/ physicians/ athletic trainers to be administered to my child and to allow said medical professional to use his/her own judgment in securing medical and ambulance service in the case the parents cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Please return this form as soon as possible

CONCORDIA
PREP

