

Pittsfield Middle High School

ATHLETIC EMERGENCY CONTACT FORM

Athlete's Name		Date of Birth	
Parents Name			
Address			
Phone Number		Cell Phone Number	

Insurance Company		Policy #	
Family Doctor		Phone Number	

EMERGENCY CONTACT

Name		Relationship	
Address			
Phone Number		Cell Phone Number	

ALLERGIES/MEDICAL CONDITIONS/MEDICATIONS

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PARENT OR GUARDIAN AUTHORIZATION

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose, and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above named participant.

Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	