

## HMS COACHES EMERGENCY INFORMATION

Students First and Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Sport \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_

In case of accident or serious illness, I request the coach to contact me. If unable to reach me, I hereby authorize him/her to call the doctor listed above and to follow his/her instruction. If it is impossible to contact this doctor, the coach may take whatever arrangements seem necessary. List any health problems on the back of this form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Cleared by Athletic Office \_\_\_\_\_ Date \_\_\_\_\_