

Please print and complete this form. You must turn this in upon check-in at the event. Please do not mail this form.

Emergency Contact Form

Name of Student _____

School _____

Home Address _____

City _____ State _____ Zip _____

Will the above named student be taking any medication during the event? _____

If “yes” please use the back of this form indicating the medication and appropriate dosage.

Should the above named student’s activity be restricted in any way during the event? _____

If “yes” please use the back of this form to explain what the student should not do.

I, _____ give permission for the above student to be treated by the
(Please **PRINT** first and last name)

nearest hospital or emergency medicine facility in the event of a medical emergency.

Parent/Guardian Signature

Date

(_____) _____

Emergency Phone #

(_____) _____

Alternate Emergency Phone #

