

2020-2021 Fairfield Athletic Emergency Information Sheet

TO BE TURNED INTO TO THE COACH OF THE TEAM!

NEW FORM TO BE COMPLETED PRIOR TO EACH SEASON!

STUDENT-ATHLETE'S NAME _____ GRADE _____

Date of Birth _____

Sport _____

EMERGENCY INFORMATION: The Fairfield Athletic Department is seeking your permission to have your son or daughter treated at a doctor's office or hospital emergency room in the event that he or she is found in need of emergency medical treatment. If an emergency occurs, every effort will be made to contact you. If such contact is not possible, this sheet **may** facilitate prompt medical treatment.

I hereby give my permission for _____ to receive emergency medical treatment.
(Athlete's Name)

Date _____ Parent/Guardian Signature _____

Home Phone Number _____

Father's Name _____ Work Place _____ Work Phone _____

Father's Cell Phone Number _____

Mother's Name _____ Work Place _____ Work Phone _____

Mother's Cell Phone Number _____

Another Contact Person _____ Phone _____

Cell Phone Number _____

Family Doctor _____ Phone Number _____

Allergies _____

Previous injuries _____

Medical Problems/Conditions _____

Current Medications _____

Any other pertinent Medical Information you wish to share with the Coach(es):