

# **2021-2022 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 \_\_\_\_\_

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**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):