

TUNKHANNOCK AREA ATHLETICS

EMERGENCY INFORMATION

NAME: _____ SPORTS: _____

ADDRESS: _____ GRADE: _____

HOME PHONE: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ WORK: _____

CELL: _____

MOTHER'S NAME: _____ WORK: _____

CELL: _____

EMERGENCY CONTACT: _____

PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

ALLERGIES: _____

Please list any medications athlete is taking: _____

PARENT'S SIGNATURE: _____