

WHITEFISH BAY HIGH SCHOOL ATHLETE EMERGENCY FORM

Player's Name: _____ Date of Birth: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In an emergency, if the parent is unable to be reached, list 2 people to call:

1. _____ Phone: _____

2. _____ Phone: _____

List any known allergies _____

List any medications student takes regularly _____

List any previous injuries _____

What is the preferred hospital if medical transport needs to be made? _____