

**SJC ATHLETIC ASSOCIATION  
2017-18 EMERGENCY INFORMATION**

**Student's Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

List 2 neighbors or nearby relatives that are available to assume temporary care in case you cannot be reached:

1. **Name** \_\_\_\_\_ **Cell** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other Conditions:** (Asthma, Diabetes, Seizure Disorder, other)

\_\_\_\_\_

**Local Physician's Name** \_\_\_\_\_

**Hospital Preference:** Hinsdale \_\_\_\_\_ LaGrange \_\_\_\_\_

In case of an accident or serious illness, I request that the school contact me. I hereby authorize the school to take whatever emergency actions are necessary. ***I acknowledge that the information contained on this form will be shared with volunteer coaches.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_