



2026-2027
EMERGENCY MEDICAL FORM

***** Please print all information *****

Student Last Name: _____ First Name: _____

Date of Birth: _____ Male | Female Grade: _____

Address/City/State/ZIP: _____

T-Shirt Size **Youth:** XS S M L XL **Adult:** S M L XL

Parent/Guardian Full Name: _____

Cell Phone # _____ Other # _____

Parent/Guardian Full Name: _____

Cell Phone # _____ Other # _____

If parent/guardian cannot be reached, please list the name and phone number of people we can contact to pick up your child.

Name: _____ Cell phone # _____

Name: _____ Cell phone # _____

Name: _____ Cell phone # _____

Does your child have any medical conditions we should be aware of? If yes, please describe along with treatment if applicable. Use back if more space is needed.

Family Physician: _____ Phone # _____

Do we have permission to transport your child/ren to the hospital if necessary? Yes ____ No ____

If yes, which hospital? _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This information is for office use only. If a child becomes ill or is injured, he/she will be sent to the office at which time office personnel will act accordingly.