
UPPER PERKIOMEN ATHLETIC EMERGENCY FORM

Name: _____ Grade: _____ Sport: _____ Gender of Athlete: _____

Address: _____

Home Phone: _____ Date of Birth: _____

ALLERGIES/MEDICATIONS/ALERTS _____

Mother's Name: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Address: *If different from student* _____

Father's Name: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Address: *If different from student* _____

Insurance Co: _____ Policy #: _____ Group #: _____

Hospital of Choice _____

If Parent/Guardian cannot be reached in the event of an emergency, please contact:

Name: _____ Phone: (H) _____ (C) _____

Family Doctor: _____ Phone: _____

I give my consent to all UPSD coaches, Athletic Trainers or Emergency Personnel to provide any emergency medical care necessary for the wellbeing of my child while participating in Inter-School Practices, Scrimmages and Contests.

Parent/Guardian Signature: _____ Today's Date: _____

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