

Everglades High School Athletics
Emergency Contact Information

Last Name

First Name

Student Number

EMERGENCY CONTACT INFORMATION:

Please provide information for primary and alternative contact persons who may be notified in case of an emergency:

Emergency Contact Name: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Alternative Contact Name: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

CONDITIONS/ISSUES:

Please list any medical issues the student may have; i.e. asthma, allergies.....

This form will serve as your clearance to present to your coach once all of your paper work, including the information above, is complete and this form has been approved and signed by the Athletic Director.

Athletic Director Signature

Date