

**ST. BERNADETTE SCHOOL ATHLETIC ASSOCIATION
2011-2012**

ATHLETE'S EMERGENCY INFORMATION FORM		
Athlete's Name:	Male _____ Female _____	
Date of Birth:	Grade:	
Home Address:		
City:	Zip:	
Home Phone Number:		
Alternate/Cell Phone Number:		
Parent's/Guardian's Names:		
Email Address:		
Alternate Email Address:		
Emergency Contact		
Name:	Phone:	Relationship:
Alternate Emergency Contact		
Name:	Phone:	Relationship:
Family Physician		
Name:	Phone:	
Pertinent Medical History (diabetes, asthma, epilepsy, etc.):		
Allergies (food, medications, bee/wasp, etc.):		
Current Medications/Indication:		

This Emergency Information Form must be completed each school year for each athlete and returned to the Athletic Association prior to commencement of practice.