



Emergency Form

DATE: _____

BOY'S NAME: _____

ADDRESS: _____ LAST _____ FIRST _____ NICKNAME _____
PHONE: _____ DOB: _____

SCHOOL: _____ GRADE: _____

FATHER'S NAME _____ MOTHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

(If different _____ (If different _____
from above) from above)

PHONE: HOME _____ PHONE: HOME _____

WORK _____ WORK _____

CELL _____ CELL _____

BOY'S E-MAIL: _____ FAMILY E-MAIL (S): _____

EMERGENCY CONTACTS

NAME: _____ PHONE: _____

ALLERGIES _____ YES _____ NO _____

(food, medicines, insects, plants...) _____ EXPLAIN: _____

ADHD _____

ASTHMA _____

CONVULSIONS/SEIZURES _____

DIABETES _____

HEART TROUBLE _____

OTHER _____

MEDICATIONS: _____

ANY CONDITIONS THAT MAY AFFECT PARTICIPATION IN ACTIVITIES: _____

ARE IMMUNIZATIONS UP TO DATE? _____

PHYSICIAN NAME: _____ PHONE: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

PARENT AUTHORIZATION:

This information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

SIGNATURE _____ DATE _____