

Math and Science Academy

Coach's Emergency Information

Sport

Student's Name:

Fall

Winter

Spring

Parent/Guardian:

Parent/Guardian:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Medical Concerns / Medications:

Physician:

Phone:

Hospital:

Insurance Company:

Group #:

Policy #:

In case of accident or serious illness, I request the coach to contact me. If unable to do reach me, I hereby authorize him/her to call the doctor listed above and follow his instruction. If it is impossible to contact this doctor, the coach may make whatever arrangements necessary.

Signed:

Date: