UNION PINES EMERGENCY INFORMATION

Athletes Names	Sport	D.O.B	Age	Class
Address Phone(H)				·
Phone(H)	_ Cell #	Email		
List two persons to conta	ict in case of an em	ergency:		
Parent or guardians nameHome Phone				
AddressWork Phone				
Second Persons nameHome Phone				
AddressWork PhoneRelationship to athlete				
Relationship to athlete		T. 11. NV	•	
Insurance company		Policy No	· · · · · · · · · · · · · · · · · · ·	•
IMPORTANT	•	•		
Are you allergic to any dr	lf so wi	hat2		
Do you have any other al	lergies? (i e. hee stir	natr		 •
Do you suffer from	aethma di	ighetes or enilen	av2(Check o	any that apply)
Do you suffer fromasthmadiabetesor epilepsy?(Check any that apply) Are you on any medications?IF so, what?				
Do you wear contacts?	Other:			·
Signature of athelete			D	ate .
		ormed Consent Fo	rm.	
	(plea	ase print.)		
I hereby give my permissi	on for	to part	icipate in _	during the
athletic				
Season beginning in	Furthermo	ore, I authorize the	school to pr	ovide emergency
treatment of any injury or	illness my child m	ay experience if qua	alified medi	cal personnel
consider treatment and po	eriorm the treatmen	it. This authorizatio	n is grante	d only if I cannot
be reached and a reasona		made to do so.		
DatePare		*		
Guardian				
Address			DI	•
Family Physician Medical Conditions(e.g. a	Harriag or chronia		Pnone	
illnesses				
Other person to contact in				*
Relationship with contact	icase of cilicigency_		Fnone	
Relationship with contact My child and I are aware t	hat participation in	isor	notentially l	nazardana activitu
I,we,assume all risks asso	ciated with particin	ation in this enort	outinaily i	nazardous activity.
fall, contact with other par	rticinants the effect	te of weather troffic	uciuaing u	maganabla mialr
conditions associated with	the sport All such	ricks to my obild o	, and other	reasonable risk
me.	the aport, Mi auch	Tions to my child a	ue known a	uid appreciated by
IIIC.				
I understand this informed	d consent form and	agree to its condition	ns on hehe	off of my child
		O- 00 to 100 contain	TIO OIL MOILS	ar or my cline.
Childs Signature:		Date		<u></u> •
Parent's Signature:		Date		