

Health Sciences Charter School

(Athletic Division of the Health Sciences Charter School)

Emergency Contact Form

This Emergency Contact Form must be completed, and signed by the parent or guardian for each student athlete (including drill squad, spirit squad, or cheerleaders) before participation in any Section VI athletic practice, game, activity, contest or event. The original must be on file in the school office.

Name of Student-athlete

Sport

Current Address

Date of Birth

Grade

Parent / Guardian Name(s)

Home Phone Number

Work Phone Number

Cellular Phone Number

In case of emergency, if parent(s) / guardian(s) cannot be reached, notify:

Emergency Contact / Relationship

Emergency Contact Phone Number

Family Doctor

Family Doctor Phone Number

Family Dentist

Family Dentist Phone Number

In the event I cannot be reached, I give permission for my child, _____
to receive any medical treatment that school officials (AD, coaching staff, school employees) deem to be necessary
for any injury incurred while actively participating in sports or athletics.

Parent/Guardian's Signature

Date

Director of Athletics Signature

Date