

Burke County Middle School

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.
Please be sure to sign and date this form

Athlete name: _____ **Date of Birth:** _____
Last First MI

Sport/s: _____

Home Phone: _____ **Cell:** _____

Address: _____
Street City State Zip Code

Primary Emergency Contact Name: _____
Last First

Relationship: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Insurance Information:

Company: _____ **Policy #:** _____

Name of Insured: _____ **Phone #:** _____

Comments (include any special medical or personal information you would want the Athletic Trainer or emergency care provider to know: **allergies, medications, existing medical conditions, and/or past surgeries**):

Medical Consent

The Athletic Trainer has my consent to seek and authorize medical treatment for my child if deemed necessary.

Parent/Guardian Signature: _____ **Date:** _____