

Natchez-Adams School District

Student Athlete Emergency Information

Name: _____ Birth Date: _____

Social Security Number: _____ Gender: _____

Emergency Contact Person _____

Phone: _____ Relationship to Athlete: _____

Alternative Emergency Contact Person:

Phone: _____ Relationship to Athlete: _____

Do you have any known allergies? Yes _____ No _____

If yes, please list: _____

Are you taking any medication? Yes _____ No _____

If yes, please list: _____

Do you have any physical restrictions? Yes _____ No _____

If yes, please explain: _____

Do you have any history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever,
or other existing medical conditions? Yes _____ No _____

If yes, please explain: _____

Parent or Guardian Signature _____

Student Athlete's Signature _____

Date _____

