

# Emergency Contact Information

## Christ the King Athletics

Please fill out the following emergency medical information carefully. This form will be carried by the athletic coach throughout the season and will be used if an emergency situation arises. **Please print clearly.**

Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Number: (\_\_\_\_\_) \_\_\_\_\_

Medication (if any): \_\_\_\_\_

Any known special health problem(s)?

\_\_\_\_\_  
\_\_\_\_\_

Previous injuries or illnesses that might be of concern if a medical emergency occurred?

\_\_\_\_\_  
\_\_\_\_\_

Hospital preference (if any)?

\_\_\_\_\_

By signing this line I, the parent, am stating I have read, or will read, the Christ the King Athletic Handbook, and agree to its contents and procedures regarding my student's involvement in activities at Christ the King.

Al firmar esta línea Yo, el padre, estoy diciendo que he leído, o se lee, el Cristo, el Manual de Atletismo Rey, y de acuerdo con su contenido y procedimientos respecto a la participación de mi hijo en las actividades de Cristo Rey.

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A digital copy of the Athletic Handbook can be found at <http://cksdsmoines.com/student-life/athletics/>