

**CRYSTAL LAKE CENTRAL HIGH SCHOOL
TRAINING ROOM
EMERGENCY INFORMATION FORM**

**MEDICAL PROBLEMS TRAINER SHOULD BE
AWARE OF: (ASTHMA, DIABETES,
ALLERGIES, DAILY
MEDICATIONS, ETC)**

PLEASE PRINT

Circle one:

Name _____ **Freshman---Sophomore—Junior---Senior**

Sports: _____

Address _____

City _____ **St** _____ **Zip** _____

Home Phone _____

WORK NUMBERS

Father/Guardian _____ **Mother/Guardian** _____

We give our consent for the trainer, team doctor or coach to use their judgment in securing medical aid and ambulance service in case of emergency.

Yes _____ **No** _____

**EMERGENCY PERSON TO BE CONTACTED IN CASE
PARENTS CAN'T BE REACHED**

Name _____

Phone Number _____

Physician _____

Phone Number _____

Hospital where athlete should be transported in case of emergency. _____

Hospital _____

City _____



Date

Signature of Parent/Guardian