WITTENBERG-BIRNAMWOOD HIGH/MIDDLE SCHOOL ATHLETIC EMERGENCY MEDICAL SHEET 2018-2019

Athlete's Name:		
Circle ALL Sports	involved in:	
HIGH SCHOOL:	FB VB CC SW CHEER <u>MIDDLE SCHOOL</u> :	FB VB CC
	GBB BBB WR DANCE	GBB BBB WR
	SB BSB TR GF	TR
Parent's Name:		_
Address:		
Home Phon	ne Number:e Number:	
	Number:	
Parent's Name:		
Home Phon	ne Number:	
Work Phone	e Number:	
Cell Phone	Number:	
Other Emergency C Phone Num	Contact Name: uber:	
Daily Medication?	No Yes What type:	
Allergies? No	Yes What type:	
List any medical co	onditions, which the coach should be aware of:	
	nt is required, I grant permission for emergency medical treatm occurring during athletic practice or competition.	nent for any emergency
Date:		
	Signature of Parent or Legal Guardian	
	Print Name of Parent or Legal Guardian	

Athletic Director needs to have a copy on file before the first game/match/meet. Coach needs to have a copy on file for all home and away games/match/meet.