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**
GBB BBB WR DANCE
SB BSB TR GF

MIDDLE SCHOOL: **FB VB CC**
GBB BBB WR
TR

Parent's Name:_____
Address:_____
Home Phone Number:_____
Work Phone Number:_____
Cell Phone Number:_____

Parent's Name:_____
Address:_____
Home Phone Number:_____
Work Phone Number:_____
Cell Phone Number:_____

Other Emergency Contact Name:_____
Phone Number:_____

Daily Medication? No _____ Yes _____ What type:_____

Allergies? No _____ Yes _____ What type: _____

List any medical conditions, which the coach should be aware of: _____

_____

_____

_____

If medical treatment is required, I grant permission for emergency medical treatment for any emergency (injury or illness) occurring during athletic practice or competition.

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.