

Midlothian Athletic Department
Emergency Information

Athlete's Name: _____ DOB: _____ Sex: _____ Grade: _____

Address: _____ Home Phone#: _____

Fathers Name: _____ Work Phone#: _____

Place of Employment: _____ Mobile Phone/Pager: _____

Mothers Name: _____ Work Phone#: _____

Place of Employment: _____ Mobile Phone/Pager: _____

If Parents cannot be reached please call:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Family Physician: _____ Phone#: _____

Family Dentist: _____ Phone#: _____

Allergies to Medications: _____

Any regular Medications being taken: _____

Medical Conditions that should be noted: _____

Insurance Company: _____ Policy Number# _____

Insurance Phone#: _____ Group Number: _____

If, in the Judgment of any representative of the school, the above student should need immediate care and treatment as a result of injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any Physician, Athletic Trainer, Nurse, Hospital, or school representative; and I do hereby agree to indemnify and save harmless the school district and any school district representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent/Guardian Signature: _____ Date: _____