

HORSESHOE BEND SCHOOL DISTRICT #73

Emergency Contact Form

Student-Athlete Name _____ Date of Birth _____

Address _____

Allergies, medications, or special conditions _____

Father's Name _____

Mother's Name _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Emergency Contact #1

Name _____

Relationship to Student-Athlete _____

Phone # _____

Emergency Contact #2

Name _____

Relationship to Student-Athlete _____

Phone # _____