

2024-2025 Cassville-Potosi Athletics Emergency Health Form

***Coaches must have this form with them and be accessible at practices and games.**

Grade Student's First Name Middle Last Name Birthdate Male/Female

History of Diabetes: _____

Allergies to Sulpha, Penicillin, bug bites, etc. Medications currently taken: _____

Other conditions that staff need to be aware of : _____

Mom's Name _____	Dad's Name _____
Step-father's name _____	Step-mother's name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Mother's Employment _____	Father's Employment _____
What hours are you at work? (i.e. 8-4) _____	What hours are you at work? (i.e. 8-4) _____

EMERGENCY/ILLNESS, please list *alternatives* to contact if parents can't be reached

Contact Name _____ Phone _____ Relationship _____

Contact Name _____ Phone _____ Relationship _____

Family Physician _____ Clinic/Hospital _____
Phone _____

Hospitalization Insurance Company _____

***Parent Signature** _____ Yes, I give my permission that
in case of Emergency, you may have Dr. _____ or the physician on call
administer emergency medical care to

_____ .