

FULTON COUNTY ATHLETIC  
EMERGENCY CONTACT FORM  
2021-22

High School: \_\_\_\_\_

Athlete Information: Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

In case of an emergency, please contact in the following:

1) Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Insurance Information: (Every athlete must have medical coverage through an individual policy or purchased through Fulton County School System).**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

OR: Indicate School Insurance Purchased \_\_\_\_\_

**Medical Information:**

Date of Last Physical: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Please list ongoing medical conditions and current medications: \_\_\_\_\_

\_\_\_\_\_ Please list previous injuries: \_\_\_\_\_

\_\_\_\_\_ Has the athlete ever had a concussion? \_\_\_\_\_

Please note any known medical issues which should be known by medical personnel upon treatment: \_\_\_\_\_

**Permission to Treat:**

- In the event of a minor injury or discomfort, I give permission for the athletic trainer to treat the athlete as needed.
- If the parent/guardian/other (listed above) cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the hospital of its choice and such medical care as is reasonably necessary for the welfare of the athlete if he/she is injured in the course of participation in interscholastic activities.

**Signature of Parent or Guardian:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_