

**Spanish Fort Middle School
Athlete Emergency Contact Information Form**

Student Name _____

Emergency Contact #1

Name _____

Contact Phone Number _____

Relationship to Student _____

Emergency Contact #2

Name _____

Contact Phone Number _____

Relationship to Student _____

Emergency Contact #3

Name _____

Contact Phone Number _____

Relationship to Student _____

If your student is involved in an emergency medical situation and transport is deemed necessary by EMS, he/she will be taken to the closest hospital or facility designed to handle medical emergencies unless you request otherwise. If you prefer your student be transported to a specific hospital or medical facility other than the closest, please list that facility below.

Preferred Hospital: _____

Please list any known or pre-existing medical conditions that might affect your child's athletic participation or that should be considered in the event of a medical emergency.

Signature of Parent/Guardian: _____ **Date:** _____