

McKinley Monarchs Athletics Emergency Information Form

Student Name: _____ Grade: _____

Address: _____

Home Phone: _____ Birthday: _____ Female _____ Male

Student resides with _____ Mother _____ Father _____ Both _____ Other (please list) _____

Mother: _____ Address (if different): _____

Home phone (if different): _____ Cell phone: _____ Email: _____

Employer: _____ Employer Phone: _____

Father: _____ Address (if different) _____

Home phone (if different): _____ Cell phone: _____ Email: _____

Employer: _____ Employer Phone: _____

Primary Doctor: _____ Phone: _____

Address: _____

_____ **please check to indicate your approval for the school to request the aid of the local paramedics in whatever community we may be in, in the event of a serious injury or illness.**

Emergency Contacts

Name: _____ Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____