

Current Sport _____
Date of Physical _____
Male _____ Female _____

Chatham High School
Athletic Emergency Form
Athletic Trainer's Copy

Home Phone _____
Cell Phone _____
Cell Phone _____

Please complete entire form

Name _____ Email _____ Grade _____ DOB _____

Address _____

Father's Name _____ Email _____ Work Phone _____

Mother's Name _____ Email _____ Work Phone _____

Student's Physician _____ Phone _____

Hospital Preferred _____

Allergies _____ Allergy Medications/or Epi-Pen _____

History of Asthma? _____ Type of inhaler _____

History of Concussion? _____

Chronic Medical Conditions _____

Any Physician Recommendations _____

Describe any illness or injury since last sports activity _____

Please note....All athletes are covered by the Bollinger Insurance Co. as a supplement to your private insurance carrier.

All injuries must be reported to the Athletic Trainer.

Parent Signature _____ School Official _____

Current Sport _____
Date of Physical _____
Male _____ Female _____

Chatham High School
Athletic Emergency Form
Coach's Copy

Home Phone _____
Cell Phone _____
Cell Phone _____

Please complete entire form

Name _____ Email _____ Grade _____ DOB _____

Address _____

Father's Name _____ Email _____ Work Phone _____

Mother's Name _____ Email _____ Work Phone _____

Student's Physician _____ Phone _____

Hospital Preferred _____

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