

Huntsville Hospital Sports Center
Emergency Information and Consent

Student's Name: _____ Sport(s): _____
(Last) (First) (M.I.)

Graduation Year: _____ Parent Email: _____

Student's Address: _____

D.O.B.: _____ Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Atl. Phone: _____

Day Phone Number: Father: _____ Mother: _____

Cell Phone Number: Father: _____ Mother: _____

In Case of Emergency, Please Notify:

1. Name (& Relation): _____ Phone(s): _____
Address: _____
2. Name (& Relation): _____ Phone(s): _____
Address: _____
3. Name (& Relation): _____ Phone(s): _____
Address: _____

Insurance Information

Ins. Comp.: _____ Subscriber: _____

Address: _____ Phone #: _____

Grp #: _____ ID #: _____

Medical Information

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sickle Cell Trait |
| <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Heat Illness |
| <input type="checkbox"/> Previous Head Injuries | <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Previous Surgeries | <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Other Condition: _____ |

Further Details:

