



Wadsworth Middle School Athletics

150 Silvercreek Road, Wadsworth Ohio 44281

Phone: 330-335-1410 Fax: 330-336-3820 Email: rlikens@wadsworthschools.org

Athlete Emergency Contact Form

COACHES PLEASE KEEP A COPY OF THIS ON YOU AND RETURN TO THE ATHLETIC DEPARTMENT

STUDENT INFORMATION:

Student Name: _____ ID NO: _____

Address: _____ City: _____ Zip: _____

Year in school (please circle): 7 8

Parent/Guardian: _____ Email: _____ Cell Phone: _____

Parent/Guardian: _____ Email: _____ Cell Phone: _____

Student lives with (please circle): Mother & Father Father & Stepmother Father only
Mother & Stepfather Mother only Grandparents Guardian

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Name of Alternative Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

CONDITIONS/ISSUES: Please list any medical issues the student may have; i.e. asthma, allergies.....

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Wadsworth City School Athletic Department personnel. Please provide accurate, complete and true information.

In case of an emergency, I give permission for my child and child's information to be released/treated for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent Signature: _____

Today's Date: _____