

Middle School Cross Country Emergency Contact Form

Personal Data

Student Name: _____ Sex: _____ DOB: _____
Sport: _____ Grade: _____
Father's Name: _____ Phone: _____
Street: _____ City: _____ Zip: _____
Mother's Name: _____ Phone: _____
Street: _____ City: _____ Zip: _____
Guardian's Name: _____ Phone: _____
Street: _____ City: _____ Zip: _____

Place of Employment

Father: _____ Work Hours: _____ Phone: _____
Mother: _____ Work Hours: _____ Phone: _____
Guardian: _____ Work Hours: _____ Phone: _____

In Case Of An Emergency, Who Should We Reach And Where?

Name: _____ Phone: _____
Street: _____ City: _____ Zip: _____

Health Information

Does your child have any unusual health conditions? Yes: _____ No: _____

If yes, please indicate:

____ Asthma ____ Bee Sting Allergy ____ Deafness ____ Convulsive Seizures
____ Other (list): _____
____ Physical Handicap (describe): _____
____ Other: _____

Physician Information

Family Doctor: _____ Office
phone: _____
Name of
Clinic: _____
Address: _____

****DON'T FORGET TO FILL OUT PAGE 2 OF THIS FORM****

PARENTAL PERMISSION TO LEAVE SCHOOL GROUNDS

I am aware that some Cross Country practices and “fun runs” may be held off school grounds.

I grant my permission for my child to attend these off campus events. I understand that the Cross Country team members will travel together as a group and cross streets only at designated crosswalks in the presence of the coach.

Student signature: _____

Parent signature: _____

Parent e-mail contact: _____

This email address will be used to deliver any urgent news such as cancellation of meets or practices due to inclement weather. If needed, you can list more than one. Thank you!