

Emergency Contact Form for Athletic Trainer (Cassie Dorsey MS, ATC)

This form is required for all athletes during the school year.

Athlete's Name: _____ **Birthdate:** _____

Grade: _____ **School:** (Please circle) New Berlin Waverly Franklin

Anything I should be aware of (Ex Inhaler, Epi-pen, concussion): _____

For minor injuries are you alright with me texting you with injury and updates? Yes ____ No ____

Emergency (Main) Contact 1: _____ Relationship: _____

Number 1: _____ Cell Work Home

Number 2: _____ Cell Work Home

Emergency Contact 2: _____ Relationship: _____

Number 1: _____ Cell Work Home

Number 2: _____ Cell Work Home

Emergency Contact 3: _____ Relationship: _____

Number 1: _____ Cell Work Home

Number 2: _____ Cell Work Home

Emergency Contact 4: _____ Relationship: _____

Number 1: _____ Cell Work Home

Number 2: _____ Cell Work Home