Guadalupe Centers
HIGH SCHOOL

EMERGENCY CONTACT FORM

In case of an emergency, we want to be sure to have the best contact information on hand. Please complete this short form that each coach will have on hand for every competition should an injury occur.

STUDENT NAME: _____ GRADE: _____

PARENT/GUARDIAN #1 NAME: _____

CELL PHONE #: _____

EMAIL: _____

PARENT/GUARDIAN #2 NAME: _____

CELL PHONE #: _____

EMAIL:_____

PLEASE COMPLETE THE FOLLOWING

Allergies _____
(Please list all allergies, minor to major.)

- Are any of the allergies listed anaphylaxis? YES NO
- If yes, do they have an epi-pen? YES NO

Previous Major Injuries _____

_____

_____

Any current concerns we need to be aware of: _____

_____