

**ALLEGANY COLLEGE OF MARYLAND
ATHLETIC DEPARTMENT
MEDICAL EMERGENCY FORM
PERSONAL & EMERGENCY INFORMATION**

Athlete's Name: _____

Date of Birth: _____ Sport: _____

Father/Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Mother/Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

work Phone: _____

Alternate Contact

Name: _____

Name: _____

Phone: _____

Phone: _____

If emergency treatment is required, may the school authorities use their judgment in sending the athlete to the hospital or doctor most easily accessible if parent/guardian cannot be contacted?

_____ Yes _____ No

HEALTH CARE CONTACTS

Health Care Provider/Physician _____ Phone _____

Dentist _____ Phone _____

X Signature _____ Date _____

(Parent/Guardian if Athlete under age 18)