

Stillwater Area High School
2017-2018 Athlete Emergency Information

Please print.

STUDENT	
Last	First:
Date of Birth:	Graduation Year:
Cell Phone Number:	
Sport:	
PARENT/GUARDIAN #1	
Name:	
Cell Phone Number:	
PARENT/GUARDIAN #2	
Name:	
Cell Phone Number:	
email Address:	
EMERGENCY CONTACT (NOT PARENT/GUARDIAN 1 OR 2 OR SELF)	
Name:	
Cell Phone Number:	
email Address:	
MEDICAL CONTACT INFORMATION	
Doctor/Clinic:	
Phone Number:	
Hospital:	
Phone Number:	
Dentist:	
Phone Number:	
MEDICAL CONCERNS (Please list information for coaches/trainer.)	