

MySport Vehicle Emergency Information

Family & Contact Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Individual(s) to notify in an emergency when parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Medical Information

Child's Doctor _____ Phone _____

Medical Facility Preferred _____

Address _____

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Needs and Conditions _____

In the event of an emergency involving my child, if Suwanee Sports Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature (Parent/Guardian) _____ Date _____