



### Columbus East High School Emergency Contact

Name (full name): \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Student email: \_\_\_\_\_

Parent/Guardian Information:

Last Name \_\_\_\_\_ First: \_\_\_\_\_

Phone: \_\_\_\_\_

Email(required): \_\_\_\_\_

Spouse's name/contact information : \_\_\_\_\_

\_\_\_\_\_

In an emergency, if parents/guardians can not be reached:

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Current Medications:

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_

Does the student athlete have any of the following conditions (indicate Yes or No):

**Asthma:** Y N **Low blood sugar:** Y N **Diabetes:** Y N **Fainting spells:** Y N

**Seizures:** Y N **Sickle cell anemia:** Y N **Others:** \_\_\_\_\_

\_\_\_\_\_

Print parent or guardian name

\_\_\_\_\_

Print parent or guardian name

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Signature of parent/guardian