



RITCHIE COUNTY HIGH SCHOOL

“Where It’s All About Learning”

RCHS Athletics Emergency Contact Form

Basic Information

Athlete Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Gender: _____ Sport: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Known Allergies/Medical Conditions: _____

Parent Name: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____

Emergency Information

Preferred Hospital: _____

Family Doctor: _____ Insurance: _____

In case of a medical emergency, please provide two additional contacts if parents are unable to be reached.

Name: _____ Contact Number: _____

Relation to Athlete: _____

Name: _____ Contact Number: _____

Relation to Athlete: _____

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Ritchie County High School Athletic Department personnel. Please provide accurate, complete and true information. In case of an emergency, I give permission for my child and child’s information to be released/treated for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed. I also verify that I have received and read the information given to me regarding concussion, sudden cardiac arrest, and heat related illness.

Parent/Guardian Signature

Date