

PA FLIGHT CLUB EMERGENCY CONTACT FORM

Please complete one form per athlete and update the coach immediately if any information changes.

ATHLETE INFORMATION

Athlete Name:	Date of Birth:	Age/Grade:
Address:	Phone:	Team/Group:
Parent/Guardian 1:	Phone:	Email:
Parent/Guardian 2:	Phone:	Email:

EMERGENCY CONTACTS - OTHER THAN PARENT/GUARDIAN

Name	Relationship	Primary Phone	Alternate Phone

MEDICAL INFORMATION

Primary Doctor:	Doctor Phone:
Medical Conditions:	Allergies:
Current Medications:	Special Instructions:
Preferred Hospital/Urgent Care:	Last Tetanus Shot, if known:

INSURANCE INFORMATION

Insurance Company:	Policy/Member ID:
Group Number:	Policy Holder Name:

PERMISSIONS / RELEASES

Emergency Medical Treatment: I authorize coaches/team representatives to seek emergency medical treatment for my athlete if I cannot be reached.

Transportation: I give permission for my athlete to be transported by team-approved adults if needed for practices, meets, or emergencies.

Photo/Media: I give permission for my athlete to be photographed or recorded for team-related social media, website, or promotional use.

No Photo/Media: I do not give permission for my athlete to be photographed or recorded for team-related media use.

ADDITIONAL NOTES

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Parent/Guardian Signature:	Date:
Printed Name:	Phone:

For emergencies, call 911 first. This form should be kept secure and only shared with authorized team staff.