

VERITAS WRESTLING CLUB

EMERGENCY CONTACT & MEDICAL INFORMATION FORM

The information below is provided for emergency use only and will be maintained confidentially by Veritas Wrestling Club.

Athlete Name: _____

Date of Birth: _____

PRIMARY CONTACT

Name: _____

Relationship: _____

Phone: _____

SECONDARY CONTACT

Name: _____

Relationship: _____

Phone: _____

EMERGENCY CONTACT (IF DIFFERENT)

Name: _____

Relationship: _____

Phone: _____

ALLERGIES / MEDICAL CONDITIONS

MEDICATIONS

I certify that the information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____