

**Trenton Catholic Academy**  
**Athletic Department**  
**Emergency Contact Information Form**

Student Athlete: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**When Trenton Catholic Academy is unable to contact Parent/Guardian(s) in the event of an emergency or illness, it is necessary that we have additional personnel whom you authorize us to contact. These personnel should be able to pick up a sick or injured child if you cannot be reached to do so. If both Emergency Contacts are unable to be reached the Primary Care Physician will be notified.**

Emergency Contact #1: \_\_\_\_\_  
Relation to Student Athlete: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_  
Relation to Student Athlete: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

In the event of an Emergency please take my child to \_\_\_\_\_ Hospital.

**Please list below the following information:**

Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Daily Medications: \_\_\_\_\_

**In the event that my child becomes injured or ill, I authorize the School's Athletic Trainer or Coach to contact me, AND I give my consent for my child to receive the appropriate medical care.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* NOTE: It is the responsibility of the parent/guardian to keep the information above current. Contact the Athletic Department office immediately should any information change.