

ATHLETIC EMERGENCY INFORMATION

Upper Bucks Christian School 754 East Rockhill Road Sellersville, PA 18960

Pupil's Last Name _____ First _____ Middle _____ Birthdate _____ Home Phone No. _____

Home Address _____

Social Security No. _____ Family Insurance and Number _____

Father's Name _____ Employer _____ Work Phone No. _____

Mother's Name _____ Employer _____ Work Phone No. _____

List TWO people to care for child, if parents cannot be reached:

1) Name _____ Phone No. _____ 2) Name _____ Phone No. _____

Family Doctor _____ Phone No. _____ Family Dentist _____ Phone No. _____

Any allergies or illnesses which we should know about? _____

Date of last Tetanus Shot _____

Baseball Basketball Cheerleading Soccer Softball Volleyball

I hereby grant permission for my son/daughter to participate in the interscholastic sports listed above. In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I give UBCS permission to take my child to the nearest hospital for emergency care. I will be responsible for all financial obligations incurred during such treatment.

Signature of Parent or Guardian _____ Date _____

For Coaches Use: Physical In: _____ Date of Exam: _____