

DUNWOODY HIGH SCHOOL FENCING TEAM

EMERGENCY CONTACT INFORMATION

(PLEASE WRITE LEGIBLY)

Fencer's Name: _____ Fencer's Email: _____

Fencer's Home address: _____

Fencer's Phone numbers: Home# _____ Cell# _____

Fencer's Date of Birth: / / Grade: 9th 10th n•6 12th

Parent/Legal Guardian Emergency Contacts

(Please list in priority order of contact! 1st, 2nd, 3rd etc.)

Name(s): _____ Email: _____

Phones: (home) _____ (mobile) _____ (office) _____

Relationship to Fencer: _____

Name(s): _____ Email: _____

Phones: (home) _____ (mobile) _____ (office) _____

Relationship to Fencer: _____

Name(s): _____ Email: _____

Phones: (home) _____ (mobile) _____ (office) _____

Relationship to Fencer: _____

Anyone who is NOT allowed to pick up Fencer from events: _____

(PLEASE SEE TEACHER/SPONSORS TO GIVE ANY FURTHER INSTRUCTIONS)

Allergies/Medical issues/Medication (What WE SHOULD KNOW in an Emergency):

Contact Lenses? Y N

Doctor: _____ Phone#: (office) _____

Medical Ins Co Name: _____ Plan Type _____

Member Name: _____ Member ID# _____

Group ID# _____ Customer Service Phone# _____

In the event of an injury or illness, I/we grant permission for First Aid and Emergency Medical Care to be provided for (Fencer Name) _____ by Emergency First Responders or Professional Medical Personnel in the event that the above Emergency Contacts cannot be reached.

X _____ X _____

Signature of Fencer—or (if Fencer is under age 18) Parent/Legal Guardian

Date