

Trenton Catholic Preparatory 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 TCPA 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.