

UPPER DUBLIN HIGH SCHOOL
ATHLETIC EMERGENCY INFORMATION FORM

I.D.# _____

STUDENT'S NAME _____ GRADE _____

ADDRESS _____ HOME PHONE # _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S BUS. PHONE # _____ MOTHER'S BUS. PHONE # _____

DOCTOR'S NAME _____

OFFICE ADDRESS _____

OFFICE PHONE # _____

DENTIST'S NAME _____

OFFICE ADDRESS _____

OFFICE PHONE # _____

NAME TWO PARENT REPRESENTATIVES WHO MAY BE CALLED IF PARENTS ARE NOT AVAILABLE
(FRIENDS OR RELATIVES):

NAME _____ PHONE # _____

NAME _____ PHONE # _____

PARENT'S SIGNATURE _____

DATE _____

rev 02/01

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