Vaughn Athletic Emergency Contact Information

Student Information

Student Name: _____

Grade: _____

Sport(s)/Activity(ies): _____

School Year: _____

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian #2

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Emergency Contacts

Please list individuals who may be contacted if a parent or guardian cannot be reached.

Emergency Contact #1

Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student: ☐ Yes ☐ No

Emergency Contact #2

Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student: ☐ Yes ☐ No

Parent/Guardian Certification

I certify that the information provided on this form is accurate and current. I understand that it is my responsibility to notify Vaughn School of any changes to this information during the school year.

Parent/Guardian Signature: _____

Date: _____

Medical information, injury history, allergies, medications, and health conditions are reported through the student's Physical Examination Form and/or Interim Medical History Form and are not included on this Emergency Contact Form.