

**New Trier High School
Coach
Emergency Information**

Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: (____) _____

Emergency Contact Cell Phone Number: (____) _____

Secondary Emergency Contact Name: _____ Relationship: _____

Secondary Emergency Contact Number: (____) _____

Secondary Emergency Contact Cell Phone Number: (____) _____

Physician's Name: _____ Phone: (____) _____

Please indicate **ANY** medical conditions: allergic reactions, contact lenses (hard/soft), asthma, previous injuries, and current medications (and why), etc.

Signature: _____

Date: _____

