



## Downingtown MTB Team Student-Athlete Emergency Form

Student-Athlete Name: \_\_\_\_\_ Grade (in the fall): \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name(s) (and one additional emergency contact):

- |                |              |
|----------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |
| 3. Name: _____ | Phone: _____ |

Allergies (food/drugs):

\_\_\_\_\_

Medical Conditions:

\_\_\_\_\_

Previous Concussions (if so, when?):

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

\_\_\_\_\_

Medicine that may be needed during practice/race:

\_\_\_\_\_

\_\_\_\_\_

- ⊛ **Coaches are prohibited from carrying or administering medications for student-athletes. All student-athletes are expected to carry and be prepared to administer their own medication.**



Precautions/things to consider (ex: overheats, anxiety, blood sugars, social challenges, unique learning needs):

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Transportation Arrangements (none of the following are mandatory):

I give permission for my student-athlete to be picked up/driven home from team practice or race events by the following people (in addition to the guardian(s) listed above):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student-athlete: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student-athlete: \_\_\_\_\_

I give permission for my student-athlete to carpool to/from team practice or race events by any coach, provided there is at least one other coach or student athlete in the vehicle at all times.

I give permission for my student-athlete to ride to/from practices without Coach supervision.

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Signature of Parent/Guardian