

Collegium Charter School Athletics  
Student Emergency Contact Information

Please fill out both sections of this form.

_____	_____	_____	M / F _____
Name of Student	Grade	Date of Birth	Sex Sport
_____	_____	_____	_____
Parent/Guardian's name (primary contact)	Cell/Home Phone	Work Phone	
_____	_____	_____	_____
Street	City, State	Zip Code	

Alternate Emergency Contacts

_____	_____	_____	_____
Name	Relation to Student	Cell/Home Phone	
_____	_____	_____	_____
Street	City, State	Zip Code	Work Phone
_____	_____	_____	_____
Name	Relation to Student	Cell/Home Phone	
_____	_____	_____	_____
Street	City, State	Zip Code	Work Phone

Medical Information

\_\_\_\_\_

Preferred Hospital (Paoli, Chester Co., Brandywine)

\_\_\_\_\_

Health Insurance Company Policy Number

\_\_\_\_\_

Allergies/Major Health Conditions

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_____	_____	_____	M / F _____
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Parent/Guardian's name (primary contact)	Cell/Home Phone	Work Phone	
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Allergies/Major Health Conditions