

LYCÉE FRANÇAIS
DE LA NOUVELLE-ORLÉANS
ATHLETIC EMERGENCY FORM

DATE COMPLETED

STUDENT- ATHLETE NAME:

Last Name

First Name

Middle Initial

GRADE: _____ TEACHER: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY/ZIP: _____

ALLERGIES, CHRONIC ILLNESS, HANDICAPS OR OTHER MEDICAL CONDITIONS WE NEED TO BE AWARE OF:

Please be specific, for this information is important to us.

- EMERGENCY CONTACT LIST -

PARENT/GUARDIAN _____

HOME: _____ CELL: _____ WORK: _____

PARENT/GUARDIAN _____

HOME: _____ CELL: _____ WORK: _____

In case of an accident, illness, or emergency and we are unable to contact parents/guardians, please provide 2 emergency contacts in which we should contact.

CONTACT: _____ # _____

RELATIONSHIP TO CHILD: _____

CONTACT: _____ # _____

RELATIONSHIP TO CHILD: _____