What emergency action should be taken by the coach due to your child's health condition or any special instructions for the coach? Does your child carry an asthma inhaler? If yes, please list, HEALTH: check those that apply Does your child take medication? If yes, please list_ Emergency Contact Person (when parent cannot be reached) Mother's Name Father's Name Allergy to foods (please list) Asthma Other (please list) Allergy to medications (please list) Heart Condition Diabetes Physician Address Student's Name Parent Signature Work Phone Work Phone Phone Phone Home Phone Date of Birth Date Cell Phone Cell Phone

Date	ture	Parent Signature
ur child's health condition	e taken by the coach due to yo coach?	What emergency action should be taken by the coach due to your child's health condition or any special instructions for the coach?
	? If yes, please listinhaler? If yes, please list	Does your child take medication? If yes, please list Does your child carry an asthma inhaler? If yes, please list
	st)	Other (please list)
	Allergy to foods (please list)	Allergy to foods (please list)
		Heart Condition
		Asthma
		Diahatas
		HEALTH: check those that apoly
Phone		Physician
Phone	parent cannot be reached)	Emergency Contact Person (when parent cannot be reached)
Cell Phone	Work Phone	Mother's Name
Cell Phone	Work Phone	Father's Name
Home Phone		Address
Date of Birth		Student's Name
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