Abraham Lincoln High School Baseball Emergency Information

Date

Child's Name:	
Age:	
Date of Birth:	
Known Medical Conditions:	
Known Allergies:	
Current Medications:	
Family Doctor:	
Doctor Phone Number:	

Parent or Guardian Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
Alternate Contact Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
Alternate Contact Name:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	

Special Notes:

**A new Emergency Information Sheet must be submitted every year, or as information changes.*