# HEART OF CHAMPIONS BOXING Emergency Contacts

Student Number:

| | |
|---|---|
| Student's name: | |
| Age: | |
| Date of birth: | |

| | |
|---|---|
| Medical conditions: | |
| Allergies: | |
| Current medications: | |

| | |
|---|---|
| Family doctor: | |
| Doctor's phone: | |

| | |
|---|---|
| **Parent's/guardian's name:** | |
| Home phone: | |
| Work phone: | |
| Cell phone: | |
| **Alternate contact's name:** | |
| Home phone: | |
| Work phone: | |
| Cell phone: | |
| **Alternate contact's name:** | |
| Home phone: | |
| Work phone: | |
| Cell phone: | |

**Notes:**

**A new Emergency Contacts sheet must be submitted yearly, and every time information changes.*