

## Emergency Information

Athletes Name\_\_\_\_\_

Emergency numbers with names please

We will also use these names when we notify you about the time of our return.

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

If you are staying in Columbus: Hotel Information \_\_\_\_\_

Medical Conditions\_\_\_\_\_

Allergies to Food \_\_\_\_\_

Allergies to Medication\_\_\_\_\_

Other issues coaches should be aware of \_\_\_\_\_

\_\_\_\_\_

## Medications

Name

Amount

Reason for Med

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