

Zachary High School
Healthy Roster Emergency Information

Student Athlete Name: First: _____ Last: _____

Nickname (if applicable): _____

Date of Birth: ____/____/____

Athlete Email: _____

Gender (circle): Male Female

Graduation Year (circle): 2021 2022 2023 2024

Address:

Street: _____

City: _____

Zip: _____

Emergency Contact:

First Name: _____ Last: _____

Relation to student: _____

Email: _____ (you will get updates if injured)

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Important Medical Information (includes but not limited to: regularly prescribed medicines, allergies, medical conditions): _____

****A second emergency contact can be added by request**