

Emergency Card/ Contact Name of Minor: First _____ Last _____

Nickname _____ Name of School Attending _____

School Phone # _____ Grade Level _____ Age _____ DOB _____

Print Mother's Name _____ Cell # _____

Email address _____ @ _____

Address _____

Print Father's Name _____ Cell # _____

Address _____

****Allergies and Allergic Reactions:**

What do you want TT to do if your child has an allergic reaction?

Do you have a preferred hospital in case of an emergency? _____

I give Team Tucson agent, servant, volunteer, or employee permission to seek and obtain medical attention for my child until I can be reached.

Parent's signature _____

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