



Student-Athlete Support Request Form

Athletes Fighting Cancer provides support and resources to student athletes who are facing a cancer diagnosis. This form allows a parent or legal guardian to provide information about the student athlete so that our team can better understand the circumstances and determine how we may be able to assist.

All information provided will be kept confidential and used solely for the purpose of evaluating eligibility for support and connecting families with appropriate resources.

This form must be completed by a parent or legal guardian of the student athlete.

STUDENT ATHLETE INFORMATION

Student Athlete Name: _____

Date of Birth: _____

School Name: _____

Primary Sport: _____

Team Name (if applicable): _____

Position (if applicable): _____

MEDICAL INFORMATION

Cancer Diagnosis: _____

Date of Diagnosis: _____

Treatment Facility / Hospital: _____

Treating Oncologist Name: _____

Treating Oncologist Contact Information: _____

Orthopedist or Additional Treating Physician (if applicable): _____

Physician Contact Information: _____

COACH INFORMATION

Head Coach Name: _____

School / Team Affiliation: _____

Coach Phone Number: _____

Coach Email Address: _____



ATHLETES FIGHTING CANCER

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HOSPITAL SOCIAL WORKER OR CARE COORDINATOR (if applicable)

If the student athlete is working with a hospital social worker, patient navigator, or care coordinator, please provide their contact information below.

Name: _____

Hospital / Organization: _____

Phone Number: _____

Email Address: _____

PARENT / GUARDIAN CONTACT INFORMATION

Parent / Guardian Name(S): _____

Phone Number: _____

Email Address: _____

Home Address: _____

DESCRIPTION OF NEED

Please briefly describe the type of support your family is seeking from Athletes Fighting Cancer. Examples may include financial assistance, equipment needs, travel support, or other resources that would assist the student athlete during treatment or recovery.

Description:

COMMUNITY NETWORK PARTICIPATION

Athletes Fighting Cancer maintains a voluntary network of athletes and families who provide encouragement and peer support during treatment and recovery.

WOULD YOUR FAMILY LIKE TO OPT IN TO THE ATHLETES FIGHTING CANCER SUPPORT NETWORK?

(Participation is entirely optional and can be changed at any time.)

Yes / No

PARENT / GUARDIAN CONSENT

By signing below, I confirm that I am the parent or legal guardian of the student athlete listed above and that the information provided in this form is accurate to the best of my knowledge.

Parent / Guardian Name: _____

Signature: _____

Date: _____

(After submitting this form, a member of the Athletes Fighting Cancer team will follow up with your family.)