

Athletic Emergency Card

Name _____ Grade _____ Sex _____ DOB _____

Address _____ Home Phone _____

City/State _____ Zip _____ Student Cell _____

Mother _____ Cell# _____ Work# _____

Father _____ Cell# _____ Work# _____

Emergency Contact _____ Phone _____

Family Doctor _____ Family Dentist _____

In case of injury, I hereby give my permission for the student named to be given immediate emergency care by any physician or E.M.T. I also grant permission for he/she to be transported to (hospital) _____ or nearest available hospital by emergency vehicle.

Allergies: _____

Medications currently using _____

Medical condition to be aware of: _____

Insurance carrier _____ Wear Contacts? Yes No

Policy No. _____ Effective Date of Policy _____

parent/guardian signature

date