

## 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