



SPORTS EMERGENCY CARD

(Return to Athletic Department)

Student Name (Last, First): _____

Birth Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Grade: _____ Year: _____

Home Address: _____

Home Phone number: _____ Medications: _____

HEALTH CONDITIONS: (check box)

Asthma

Bee Sting Allergy

Diabetes

Seizures

Food/Medication Allergy (please list): _____

Other (please explain): _____

Physician: _____

Physician office phone: _____

Dentist: _____ Office phone: _____

Medical Insurance: _____

Medical Insurance number: _____

	Mother/Guardian	Father/Guardian
Name		
Address		
Home Phone		
Employer		
Cell Phone		
Work Phone		
E-mail Address		

Authorized Contacts: The following persons are authorized to assume temporary care of my student if I cannot be contacted. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.**

Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Work Phone		Work Phone	

I hereby give permission for my child to take part in all school activities, including school - sponsored trips away from the school premises. I absolve the school, coaches and trainer from liability to me and/or my child or any other relative or representative because of any injury to my child during these activities. In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call emergency medical personal. (Please contact the office immediately if any of the above information changes)

Date: _____

Signature of Parent/Guardian: _____