

Athletic Emergency Card

Name: _____ **Grade:** _____ **Sex:** _____ **DOB:** _____

Address: _____ **Home Phone** _____

City/State _____ **Zip:** _____ **Student Cell:** _____

Mother: _____ **Cell #** _____ **Work:** _____

Father _____ **Cell #** _____ **Work:** _____

Emergency Contact _____ **Ph.#** _____

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 for he / she to be transported to

(Hospital) _____ **or nearest 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