

ATHLETIC EMERGENCY INFORMATION CARD
(To be completed by parents)

Sport _____ Grade _____ Date _____

Student Name _____ Birthdate _____

Address _____ Phone # _____

Parent Name _____ Work Phone _____

Parent Name _____ Work Phone _____

Number of Years This Sports _____ Ht _____ Wt _____

Emergency Contact _____ Phone # _____

Emergency Contact _____ Phone # _____

Family Doctor _____ Phone # _____

Hospital Choice _____

Insurance Company _____

Please detail any special medical information (allergies, known drug reactions, current prescription medication, etc.)

MEDICAL TREATMENT CONSENT
(to be completed by parents)

I, _____, the parent/guardian of _____
(Please print) (Please print)

recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Date Signature of Parent or Guardian