



Athletes Emergency Card
New cards must be completed for each sport

Athlete's Name _____ Sport _____

Address _____ Zip _____

Date of Birth _____ Age _____ Sub School _____ Grade _____

Parents Info:

Person to notify if parents are not available:

Name: _____

Name: _____

Home phone: _____

Phone: _____

Cell Phone: _____

Insurance Provider: _____

Family Doctor's Name: _____ **Preferred Hospital:** _____

PLEASE LIST ANY IMPORTANT MEDICAL INFORMATION:

Allergies: _____

Medication: _____

Health Conditions: _____

I hereby give my permission for the above named student to be given immediate emergency care in case of injury as the result of athletic competition by the medical professional present.

Signature of Parent/Guardian

Date