ATHLETICS

ATHLETIC EMERGENCY CARD 2018-2019

Date _____   Date of Birth _____

Grade _____

STUDENT'S FULL LEGAL NAME:_____

	Last	First	Middle

Home Phone:_____ Address:_____

	Street	City	Zip Code

STUDENT LIVES WITH: **CUSTODY RESTRICTION** ☐ **Please Check**

Father: Natural ☐   Step ☐   Foster ☐   Please check one

_____

Name   Home Phone   Cell Phone   Work Phone

Mother: Natural ☐   Step ☐   Foster ☐   Please check one

_____

Name   Home Phone   Cell Phone   Work Phone

Guardian (if different from above)

_____

Name   Home Phone   Cell Phone   Work Phone

INSURANCE:

Primary Carrier_____   Policy Number_____

School Insurance ☐   Football Insurance ☐   Policy Holder _____

HEALTH INFORMATION

Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number. In the event of serious illness or accident and 1 cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed below be contacted to care for my child until/ can be reached.

Date _____ Signature of Parent or Guardian _____

Person(s) who will care for student in case parent cannot be reached:

Name _____ Relationship _____ Phone (Hm) _____ Phone (Wk) _____
Name _____ Relationship _____ Phone (Hm) _____ Phone (Wk) _____

Please check if athlete has had problems with any of the following:

☐   Diabetes   ☐ Speech   Family Physician: _____
         Medication _____   ☐ Glasses/Contacts
☐   Severe Allergies   ☐ Hearing Aid   Phone: _____
         Specify _____   ☐ Concussions
                                    Followed up by Physician   Family Dentist: _____
☐   Asthma   ☐ Any other conditions
         Medication _____   requiring observation: Phone: _____
☐   Kidney Disease
☐   Heart Disease   _____
☐   Epilepsy
         Medication _____   ☐ Medications   ☐ Seizures
☐   Ears   _____   Specify: _____