

**ATHLETICS EMERGENCY CARD (New cards must be completed for each sport)**

Athlete's Name \_\_\_\_\_ Sport \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sub School \_\_\_\_\_ Grade \_\_\_\_\_

**Parent's Phone:**

**Person to notify if parents are not available:**

Home: \_\_\_\_\_

Name: \_\_\_\_\_

Work: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**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**