

# ATHLETIC EMERGENCY CARD

TO PARENTS: Please fill out both sides of Student Emergency Card, sign and date.

Print Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

LIST KNOWN DRUG ALLERGIES \_\_\_\_\_

Will your child bring medication (prescription or over-the-counter)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify:

Name of Medication	Physician	Dosage/Frequency	Special Instructions

Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last DT (Diphtheria/Tetanus Immunization): \_\_\_\_\_

All medication brought by your child will be self-carried, self-administered, and must meet the following criteria:

Prescription Medication:

All medication brought must have a current prescription label properly affixed to the medication in question. The label must contain the name of the child, name of drug, dosage, frequency of administration, diagnosis, and physician's name.

Over-the-counter Medication:

This medication must be in the original bottle. Place child's name on bottle.

IN CASE OF EMERGENCY, I request my child be taken to \_\_\_\_\_ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or physician to treat my child as they deem necessary.

Physical Exam Date \_\_\_\_\_

Insurance Information: Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

OFFICE USE: EMERGENCY CARD TO BE RETAINED BY SPONSOR/COACH AND TAKEN ON TRIP