

ATHLETIC EMERGENCY CARD

NAME OF ATHLETE _____ DATE OF BIRTH _____ GRADE _____

Last

First

NAME OF PARENTS
OR GUARDIANS

Last

First

Last

First

ADDRESS _____

TELEPHONES: HOME _____ FATHER-BUSINESS _____ MOTHER-BUSINESS _____

FAMILY DOCTOR: _____ PHONE: _____

RELATIVE OR
AUTHORIZED INDIVIDUAL _____ HOME PHONE: _____

Last

First

BUSINESS PHONE: _____

In the event that a parent or family doctor cannot be reached, please indicate your hospital preference:

(1) _____

(2) _____

*** SPECIAL INFORMATION: _____

If contact cannot be made with any of the above, the coach will use his/her best judgement to protect and assist the injured athlete in accordance with the policies listed on the reverse side.

Parent Signature

Date