

EMERGENCY CARD

Birthdate _____

Sport _____

Student name _____ Grade _____ Home telephone _____

Parent/guardian name _____ Address _____

Father's work telephone _____ Mother's work telephone _____

Names of two people and their telephone numbers we can call if you can not be reached:

1. _____ Telephone _____

2. _____ Telephone _____

Physician preference _____ Telephone _____

Address _____

If this physician is not available, may we take your child to a hospital? ___ Yes ___ No Hospital preference _____

Insurance company _____ Insurance number _____

Past medical information we would need to know (i.e., illnesses, injuries, medications, allergies, etc.) _____

Parent signature _____ Date _____