

ATHLETIC EMERGENCY CARD

Student Name: _____ Grade: _____

Date of Birth: _____ Home Phone #: _____

Guardian Name: _____

Work #: _____ Cell #: _____

Spouse Name: _____

Work #: _____ Cell #: _____

Emergency Contact: _____

Relation: _____ Phone #: _____

Insurance Name: _____ Policy #: _____

Preferred Hospital: _____

Transport with Ambulance Yes No

Medication(s): _____

Allergies: _____

Medical Condition(s): _____

Parent Signature: _____