

**Emergency Information Card
(Please Print)**

Student Name: _____

Age: _____ Date of Birth: _____

Student's Home Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

If unable to notify parent/guardian, please notify: _____

Relationship: _____

Phone Number: _____

Preferred Hospital: _____

Family Physician: _____

Phone Number: _____

Allergies: _____

The coach or other qualified personnel may apply emergency treatment if necessary?

Yes _____ No _____

I (parent/guardian) realize that participation in organized interscholastic athletics involves the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of the rules, injuries are still a possibility.

I (parent/guardian) give my consent for school officials to use their own best judgment in securing aid and ambulance service in case the parent/guardian cannot be reached.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WARNING OF POSSIBLE INJURY AND ELIGIBILITY

Parent/Guardian Signature: _____

Date: _____