

**Athletic Emergency Information Card**  
(Please Print)

Name \_\_\_\_\_ BirthDate \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ SS# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Family MD \_\_\_\_\_ Phone \_\_\_\_\_

Family DDS \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Orthopedic Injuries \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Policy Holder \_\_\_\_\_

Insurance Company Phone # to verify coverage \_\_\_\_\_

**Authorization for Emergency Treatment**

**In the event that my child, aforementioned, becomes ill or requires emergency assistance, I hereby authorize any medical treatment deemed necessary and proper by medical officials in the event I am not present, and cannot be contacted.**

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please print any relevant medical information or special instructions below.**

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