



## Emergency Card for Athletes

- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the coach, trainer, or emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed by the coach/trainer/athletic director or any other medical personnel for completeness.
- Include emergency phone numbers or significant medical history.

Please complete the information below prior to participation in each sports' season:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Blood Type: \_\_\_\_\_

In case of accident or emergency, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_ Beeper: \_\_\_\_\_

Relationship: \_\_\_\_\_

Pre-Existing Circulatory/Pulmonary Conditions: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Inhalers: \_\_\_\_\_

Allergies or Allergic Reactions: \_\_\_\_\_

Medications Being Used: \_\_\_\_\_

\_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Telephone Number of Family Physician: \_\_\_\_\_

Permission to Treat: \_\_\_\_\_

Signature of Parent/Guardian