

# PIAA



Promote, Protect and Conserve...

## 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, athletic 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:**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

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

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

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

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

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

Have you ever had a concussion (i.e. bell rung, ding, head rush) or head injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Permission to Treat: \_\_\_\_\_ Parent's/Guardian's Signature