



SPORT: \_\_\_\_\_

**PLEASANT VALLEY SCHOOL DISTRICT  
SPORTS EMERGENCY CARD**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Father's Place of Employment \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Next of Kin (18 or older) \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Telephone # \_\_\_\_\_  
 If child resides with someone other than parent: \_\_\_\_\_  
 Relationship \_\_\_\_\_

Dear Parent:

The purpose of this card is to assist the school in contacting you in case of an illness or emergency. Please inform the school immediately when any of this data changes.

In the case of an accident or illness requiring emergency care, I request the school to contact me. If the school is unable to reach me immediately I hereby authorize the school to call the physician listed below and follow his/her instructions.

Family Physician's Name	Address	Telephone Number
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Do you belong to an ambulance association? \_\_\_\_\_ Which one? \_\_\_\_\_

If it is impossible to reach the parent/guardian or next of kin (listed above), I hereby authorize the school to take the student to a local hospital. \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance Carrier	Policy Number
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Signature of Parent/Guardian	Date
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**Please complete if your child has any of the following:**

Allergy: Food (type) _____	Diabetes _____
Medication (type) _____	Epilepsy _____
Insect Stings _____	Asthma _____
Other Allergy _____	Hearing Loss _____
	Heart Condition _____

**List any illness or health problem which you or your family physician feels should be known to school authorities:**

Is your child under medical treatment? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Reason \_\_\_\_\_  
 Does this child require any special equipment or devices for sports participation? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, what? \_\_\_\_\_