## EMERGENCY INFORMATION (Please print)

| SPORT: |             |  |
|--------|-------------|--|
|        | SCHOOL YEAR |  |

This card is to be filled out by parent or legal guardian and returned to the coach on the following day.

| This card is to be lined out by parent or legal guardian and retu   | ined to the coach on the | ionowing day. |  |
|---|--------------------------|---------------|--|
| STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)  | BIRTHDATE (MM/DD/YYYY)   | GRADE         |  |
| STREET ADDRESS  | ZIP CODE                 | HOME PHONE    |  |
| MOTHER (LAST, FIRST, MIDDLE INITIAL)  | WORK PHONE               | CELL PHONE    |  |
| FATHER (LAST, FIRST, MIDDLE INITIAL)  | WORK PHONE               | CELL PHONE    |  |
| FRIEND OR RELATIVE TO BE CALLED WHEN NEITHER PARENT CAN BE REACHED:   |                          |               |  |
| (LAST, FIRST, MIDDLE INITIAL)   | RELATIONSHIP TO PUPIL    | BEST PHONE    |  |
| (LAST, FIRST, MIDDLE INITIAL)   | RELATIONSHIP TO PUPIL    | BEST PHONE    |  |
| FAMILY PHYSICIAN:   | INSURANCE COMPANY        |               |  |
| (LAST, FIRST, MIDDLE INITIAL)   | PHONE                    | NAME          |  |
| The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. |                          |               |  |
| Signature of Parent/Legal Guardian  | Date:                    |               |  |

## IMPORTANT: PLEASE COMPLETE INFORMATION ON BACK

| Please list any allergies to medications, etc.                    |
|---|
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| Is the Student presently taking any medication? If so, what type? |
|   |
|   |
| Does the student wear contact lenses? YES NO (Circle one)         |
|   |
| Date of last tetanus shot:  |
|   |
| Resting Blood Pressure:   |
|   |
| Resting Heart Rate:   |
|   |
| Previous injury history:  |
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