Sport:	Season:	Fall	Winter	Spring
JEFFERSON COU	UNTY SCHOOLS' ATHLETIC EM	ERGENC	Y CARD	
Name of Athlete		card is to b	e filled out by Par	ent or Guardian.
Please Pri	nt			
NAMEParent or Guardian (Print)	/		/	D.4.
ADDRESS				
E-MAIL				
POLICY NUMBER				
		PHONE		
RELATIVE (1)	PHONE: Home	·	Business	
(or Authorized individual) (2)	PHONE: Home	e	Business	
In the event parent, family doctor, relative, or				
(1)	(2)			
IF CONTACT CANNOT BE MADE WITH ANY OF THE THE INJURED ATHLETE IN ACCORDANCE WITH T guardian, or if these cannot be reached, for following the professional care with or without family permission. <b>D.</b> FOR EMERGENCY RESCUE AID – CALL 9-1-1	THE FOLLOWING POLICIES: A. Caring for directions given on the athlete's emergency card. In cases of a need for emergency rescue aid a contract of the contract of the care of	the athlete. I	B. Notifying the athle reme cases, getting the call 911. E. Comple	te's parents or athlete under te an accident report.
Jefferson County schools do not provide any a interscholastic athletics. It is the parent/guard				
Significant Health Concerns				
Daily Medications:Emergency Medications:				5-003500 Rev. 5-11
AUTHORIZATION FOR USE AN	FOR STUDENT ATHLETES	S		
Athlete Name:	Ag	e:	Date of Bir	th
School Name:				
Consent for Athletic Conditioning, To thereby give consent for my child to produce and to receive any necessary health carteratment, which may be provided by the Certified Athletic Trainers. The Certified Trainers about my child to the schopermission for my child to be transport Athletic Trainers do research in the product personally identify the individual stanformation that does not identify my design to the constant of the condition of the c	participate in the school's athletic retreatment, including first aid, treating physicians, nurses and offied Athletic Trainers have my pool. In the event I cannot be reacted to receive necessary treatment evention of athletic injuries and student. The Certified Athletic Trainers and student.	diagnostion diagnostion ther heal permission ched in an ent. I und use generate	ic procedures a thcare providen in to release ath in emergency, I erstand that the ralized informa	nd medical rs, including letic injury hereby give c Certified ation that does
Parent or Guardian Signature		_ Date _		
This card is valid from August 1, 20	July 31, 20			rent or