



- 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:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

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