



Athletic Emergency Information Card

SPORT

STUDENT INFORMATION

| | |
|---------------|--|
| Name | |
| Age | |
| Date Of Birth | |
| Address | |
| Email | |
| Phone | |
| | |

PARENT / GUARDIAN / POA INFORMATION

| | |
|-------|--|
| Name | |
| Phone | |

PRIMARY EMERGENCY CONTACT

| | | |
|---------------------|--------|--------|
| Name | | |
| Relation to Athlete | | |
| Phone | (home) | (work) |

SECONDARY EMERGENCY CONTACT

| | | |
|---------------------|--------|--------|
| Name | | |
| Relation to Athlete | | |
| Phone | (home) | (work) |

INSURANCE INFORMATION

| | | |
|--------------------------|-----------------|-----------|
| Primary Insurance | | |
| | Group #: | Policy #: |
| Secondary Insurance | | |
| | Group #: | Policy #: |
| Family Physician | | |
| Hospital Preference | | |
| Known Medical Conditions | | |
| List Current Medications | Epi-Pen: YES NO | |
| Known Allergies | | |

CONSENT & AUTHORIZATION TO TREAT

In the event of an EMERGENCY, I/we, _____ the parent(s)/legal guardian of _____ hereby authorize & consent to medical treatment and transport of my/our son/daughter. I/we agree to assume any and all costs involved.

Parent/Guardian Signature: _____ Date: __/__/__