

Athletic Emergency Information Card

SPORT

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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)

SECONARY 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		
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: __/__/__