

Part E.

ATHLETIC INJURY EMERGENCY CARD

Athlete _____

Age _____ Class _____ Height _____ Weight _____

Parent/Guardian _____ Home Phone _____

Address _____ Cell Phone _____

Other Emergency Contact _____ Home Phone _____

Family Physician _____ Bus. Phone _____

Name of Insurance Company _____ Policy Number _____

I hereby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician, EMT, certified athletic trainer, or hospital emergency room in the event that I cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

_____ Date _____
Parent or Guardian

The following information may be needed to insure proper responses in certain situations. Please complete accurately.

1. Known allergies and medications:

<u>Allergy</u>	<u>Medications/Dosage Being Taken</u>
_____	_____
_____	_____

2. Other Medications/Dosages Being Taken: _____

3. Known medical conditions (circle if applicable and add others):
Diabetes, seizure disorder, asthma, other _____

4. History of significant old injury (what, where, when?) _____

5. Date of last tetanus inoculation: Month _____ Year _____