

EMERGENCY INFORMATION CARD

(To be kept with coach at ALL practices/games)

Student Name: _____

DOB: _____ Age: ___ Grade/Sport: _____

Address: _____ Phone: _____

Parent Email Addresses

1. _____

2. _____

3. _____

List any KNOWN ALLERGIES _____

Where can PARENT/GUARDIAN be reached if not at home?

Name: _____ Phone: _____

Name: _____ Phone: _____

List a neighbor or relative who will assume temporary care of your child if you cannot be reached.

Name: _____ Phone _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school representative to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician the school may make whatever arrangements are deemed necessary to provide the best care possible for my child.

Insurance: _____ Policy# _____

Signature of Parent/Guardian

X _____ Date _____

Physician's Name _____

Phone # _____

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