SPORTS EMERGENCY INFORMATION CARD												
	Last Name			First Name			Date of Birth Stud			Grade		
Last Name In West												
Last Name Initial Street Address			Cit		City	State		Zip Code		10		
Street Address						State Zip code			<i>.</i>			
Mother's Name Mother			s Phone N			Mother's Work Phone						
Father's Name Fa			Father's Phone			Father's Work Phone						
Physician's Name & Phone				Dentist's N	ame & Phone							
Emergency Contact 1 (if parents are not available)					Allergies or Medical Condition to be Aware of:							
								Recurring Illness				
Name	e Relationship			AsthmaEpilepsy					h.l			
Name Phone Emergency Contact 2 (if parents are not avai						DiabetesHeart ProblemsOther (Indicate Below)						
Time general Contact I (in parents are not available)					Comments/Medications:							
					comments/medications.							
Name	Phon tact 3 (if parents are n	-	Relationship									
Emergency Con	tact 5 (ii pareitts are ii	Ot availab	ie)									
					.							
Name Phone Relation												
In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I AUTHORIZE the school to contact the physician listed above and follow his/her instructions. If the physician is not available, the school may arrange for care as needed.												
Parent Signature: Date:												
SPORTS EMERGENCY INFORMATION CARD												
	Last Name			First Name			Date of Birth		Student ID Grade			
Last Name Initial												
Street Address						City State Zip Code			de			
Mother's Name Mother			s Phone		Mother's Work Phone							
Father's Name Father			ther's Phone			Father's Work Phone						
Physician's Name & Phone Dentist's Na						ame & Phone						
Emergency Contact 1 (if parents are not available)					Allergies or Medical Condition to be Aware of:							
					<u> </u>	Allergies Recurring Illness						
						AsthmaEpilepsy						
Name Phone			Relationship		DiabetesHeart Problems					blems		
Emergency Contact 2 (if parents are not available)					——Other (Indicate Below) Comments/Medications:							
					Com	ments/Med	ications:					
Name Phone				Relationship								
Emergency Con	tact 3 (if parents are n	ot availab	le)									
Name Phone		e	Relationship									
	nt or serious illness, I ask the ve and follow his/her instr								ntac	t the		
Parent Signature:Date:												