

### SPORTS EMERGENCY INFORMATION CARD

<b>Last Name Initial</b>	<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Student ID</b>	<b>Grade</b>
<b>Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mother's Name</b>		<b>Mother's Phone</b>	<b>Mother's Work Phone</b>		
<b>Father's Name</b>		<b>Father's Phone</b>	<b>Father's Work Phone</b>		
<b>Physician's Name &amp; Phone</b>			<b>Dentist's Name &amp; Phone</b>		
<b>Emergency Contact 1</b> (if parents are not available)			<b>Allergies or Medical Condition to be Aware of:</b> _____ Allergies      _____ Recurring Illness _____ Asthma      _____ Epilepsy _____ Diabetes      _____ Heart Problems _____ Other (Indicate Below) <b>Comments/Medications:</b> _____ _____ _____		
_____	_____	_____			
Name	Phone	Relationship			
<b>Emergency Contact 2</b> (if parents are not available)					
_____	_____	_____			
Name	Phone	Relationship			
<b>Emergency Contact 3</b> (if parents are not available)					
_____	_____	_____			
Name	Phone	Relationship			
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.					
<b>Parent Signature:</b> _____			<b>Date:</b> _____		

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