

EMERGENCY INFORMATION CARD

Students Name _____ **Grade** _____
Last First Middle

Home Phone Number _____ **Birthdate** ____/____/____ **Age** _____
Mo. Day Yr.

Mailing Address _____
(PO Box, Street, Ave., Rd., Etc.)

(City, State, Zip)

ALLERGIES, MEDICATIONS, OR MEDICAL PROBLEMS _____

Family Doctor: Name _____ Phone Number _____

INSURANCE INFORMATION:

Please List **ALL HEALTH INSURANCE** plans that cover this student:

Company Name _____ **Policy Number** _____

If parents or legal guardian are not available, contact:

- 1. Name _____ Phone Number _____
- 2. Name _____ Phone Number _____
- 3. Name _____ Phone Number _____

We give our consent for the athletic trainers, coaches, and/or attending physicians to use their own judgement in treating, rendering care, securing additional medical care, or calling for an ambulance. We also give our consent to hospitals to render any medical treatments or services deemed necessary to properly care for any injury sustained during athletic competition.

Print Name _____ **Signature** _____
(Parent or Guardian) (Parent or Guardian)

Date _____

******* WARNING: PLEASE BE ADVISED *******
(read carefully)

As the parent(s)/legal guardian(s), we fully realize, are aware, and understand that our son/daughter may sustain serious and possibly fatal injuries, regardless of the protective equipment provided, as a result of athletic participation. These injuries can include, but are not limited to, sustaining serious permanent damage to the internal organs, brain, bones, ligaments, muscles, tendons, or nerves, which could result in paraplegia, quadriplegia, or even death. We agree to waive liability for the efforts made to the care of my son/daughter by the athletic trainer, coaching staff and/or attending physicians and consent to their care of any of the above injuries.

Home Phone Business Phone Parent/Guardian Signature

Date Business Phone Parent/Guardian Signature

Student/Athlete Signature