

Emergency Card for Athletes

- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the Coach, athletic trainer, or emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed by the Coach/trainer/athletic director or any other medical personnel for completeness.
- Include emergency phone numbers or significant medical history.

Please complete the information below prior to par	ticination in each and t		
Name:	ucipation in each sports' season;		
Address:		THE RESERVE OF THE PERSON OF T	Company of the State of the Sta
City, State, Zip:		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
Telephone:			TECHNOLOGY (VISSIONAL)
Blood Type:			
In case of accident or emergency, please contact:		***************************************	***************************************
Parent's/Guardian's Name	Relati	onehin	
Address	Emergency Contact Telephone # () 	
Secondary Emergency Contact Person's Name	Relation	/	
Address	Emergency Contact Telephone # /	, h	WINDS AND STREET
Medical Insurance Carrier	Policy N)	
Address	Telephone # (uninei	HEREITAL MARKETTANIA
Family Physician's Name	relephone # (MD 22 DO (4)	1
Address	Talophono # /	IND OLDO (CII	cie one)
Pre-Evicting Circulatory/Dules	relephone # (
Pre-Existing Circulatory/Pulmonary Conditions:			·
Diabetes:			
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The special point of the second secon	Harting and the second		
Date of Tetanus Immunization:			
Have you ever had a concussion (i.e. bell rung, ding, he			
		Yes	
Other Pertinent Information:			
		and the state of t	PROGRAMME TO THE PROPERTY.
Permission to Treat:	Parent's/	'Guardian's Si	rinature
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