

## **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 part	rticipation in each sports' season:	
Name:	and the second second second.	ı
Address:		
City, State, Zip:	-	
Telephone:		
Blood Type:		
In case of accident or emergency, please contact:		
Parent's/Guardian's Name	Relationship	
Address	Emergency Contact Telephone # (	)
Secondary Emergency Contact Person's Name	Relatio	nship
Address	Emergency Contact Telephone # (	)
Medical Insurance Carrier	Policy N	Number
AddressFamily Physician's Name	Telephone # (	)
Family Physician's Name		MD or DO (circle one)
Address	Telephone # (	)
Pre-Existing Circulatory/Pulmonary Conditions: Diabetes:		
Diabetes:Inhalers:		<u> </u>
Inhalers:Allergic Reactions:		
Medications Being Used:		
Date of Tetanus Immunization		
Date of Tetanus Immunization:		
Have you ever had a concussion (i.e. bell rung, ding, he	ead rush) or head injury?	YesNo
Other Pertinent Information:		
Permission to Treat:		•

Parent's/Guardian's Signature