

EMERGENCY MEDICAL CARD

Please Print all Information

Name _____ Phone _____

Address _____

Date of Birth _____ Grade _____

Family Physician _____ Phone _____

Emergency Contacts

Father's Name /(Guardian) _____

Cell Phone # _____

Work Phone # _____

Mother's Name / (Guardian) _____

Cell Phone # _____

Work Phone # _____

Persons to be contacted if the parent(s) cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

Insurance Information

Insured Parent/Guardian: _____

Insurance company _____

Group # _____ Policy # _____

List any Medical Conditions:

List any known Allergies:

List any Medications (inhalers, Epi-Pens, etc.) currently being used:

Parental Consent

I give permission for the Licensed Athletic Trainer to administer (*Tylenol, Ibuprofen or antacids*) via standing school physician orders and following the manufacturer's recommendations.

Signature of Parent/ Guardian _____

In the event that I cannot be reached in an emergency, I hereby give my permission to transport the student listed above to a medical facility for treatment. Furthermore, I authorize the attending physicians and hospital staff to secure proper treatment for and to order injections, anesthesia or surgery for my child.

Signature of Parent/Guardian _____

I further consent to allow physicians or other health care providers to share appropriate health information concerning my child that is relevant to participation in athletics/activities with the Licensed Athletic Trainer(s), coaches and other school personnel as deemed necessary. This information may concern; injuries, diagnosis, medical condition, medical status, athletic participation status and related personally identifiable health information.

Signature of Parent/Guardian _____

