

ISD 728 STUDENT ACTIVITY EMERGENCY CARD

(Complete for each Sport/Activity. All Information will remain confidential. Coach/Advisor will have with him/her at all times.

Sport _____

Student _____ Age _____ Grade _____ School _____

Home Address _____ Date of Birth _____

1. Parent/Guardian Name _____ E-mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. Parent/Guardian Name _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

PERSON TO CONTACT IN CASE PARENT/GUARDIAN CANNOT BE REACHED _____

Home Phone _____ Cell Phone _____ Work Phone _____

Family Physician _____ Clinic _____ Clinic Phone _____

Hospital _____ Dentist _____ Dentist Phone _____

HEALTH INSURANCE _____ POLICY I.D. NUMBER _____

Please check if the participant has experienced injuries or illnesses with any of the following AND list any previous surgeries:

___ heart/ ___ breathing/ ___ diabetic/ ___ bone/ ___ joint/ ___ neuromuscular/ other _____

Regular Medications _____ Allergies _____

In case of accident or illness, I authorize the head athletic trainer or a designee to provide appropriate emergency care. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance for transportation for the participant to hospital listed above or to the nearest facility based on conditions pertaining to the incident. I understand that if an immediate ambulance transport is deemed necessary, I may not be notified until after the transport has been initiated.

Parent or Guardian Signature

Date

Please note below any additional health concerns, medication or allergies that may be important for the coach/advisor or athletic/activities director to know.