



Bloomington Area School District
Athletic Department
1100 Railroad Street Bloomington, PA 17815
Phone: 570-784-5000 Fax: 570-387-8832
Web Site: <https://www.bloomisd.org>

2025-26 ATHLETE EMERGENCY CONTACT INFORMATION

SPORT: _____

NAME:	
STREET ADDRESS:	
CITY/STATE/ZIP CODE:	
PRIMARY CONTACT NAME:	
PRIMARY CONTACT TELEPHONE #:	
RELATIONSHIP TO ATHLETE:	
SECONDARY CONTACT NAME:	
SECONDARY CONTACT TELEPHONE #:	
RELATIONSHIP TO ATHLETE:	
PCP NAME:	
PCP TELEPHONE #:	
BLOOD TYPE:	
PRE-EXISTING MEDICAL CONDITIONS:	
ALLERGIES OR ALLERGIC REACTIONS:	
CURRENT MEDICATIONS:	
LAST TETANUS IMMUNIZATION:	
OTHER PERTINENT INFORMATION:	
NAME OF INSURANCE CARRIER:	
POLICY/GROUP NUMER:	

The information on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by BASD staff and medical personnel. Please provide accurate information. In case of an emergency, I give permission for the student-athlete to be treated and for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent/Guardian Signature: _____

****This will be placed in a binder and be readily available at all times****