Revised 08/2025

ATHLETIC EMERGENCY CARD

61850-056

Grade _____ Sport _____

☐ Fall ☐ Winter ☐ Spring

M ☐ F ☐

_____ _____ _____

Last Name First Middle Initial Home Phone DOB

_____

Address City Zip Code

_____

Parent/Guardian 1 Name Day Phone Night Phone Cell/Pager

_____

Parent/Guardian 2 Name Day Phone Night Phone Cell/Pager

If a student's parents cannot be contacted, please notify:

_____ _____

(1) Name Phone Pager/Cell (2) Name Phone Pager/Cell

INSURANCE INFORMATION

_____

Name of Insurance Carrier Policy # Group # Primary Person Insured

⎵ Allergies Allergies: Life Threatening _____Other_____

⎵ Asthma Epi Pen Medications: Current _____

⎵ Diabetes ⎵ Orthopedic ⎵ Last DT/DPT Immunization ____ (mo) ____ (yr)

Please read and sign the AUTHORIZATION STATEMENT on the reverse side of this emergency card.

My signature indicates that I have read and understand the authorization statement on the back of this card. I agree to the statement as written.

Date _____ Signature of Parent/Guardian _____

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities.

I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, accident insurance is made available by the School District through an authorized agent. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

AUTHORIZATION STATEMENT - I do hereby authorize officials of the Cherry Creek School District to contact directly the persons named on this card in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.