Athletic Emergency Card

Form A-9-17 rev.

Please Print:

School ______________________

Student ______________________ (Last) ______________________ (First) Student No. ______________ Grade ______

Address ______________________ (Number/Street) ______________ (City) ______ (Zip) Home Phone (____) ______________

Birthday ______________ Age ________ Student Resides with **(Please check)** ☐ Both Parents ☐ Mother ☐ Step Mother ☐ Legal Guardian ☐ Father ☐ Step Father

Name (Parent/Guardian) ______________________ Name (Parent/Guardian) ______________________

Home Address ______________________ Home Address ______________________

Employer ______________________ Employer ______________________

Email ______________________ Email ______________________

Cell Phone (____) ______________ Work Phone (____) ______________ Cell Phone (____) ______________ Work Phone (____) ______________

Emergency Phone (____) ______________ Emergency Phone (____) ______________

If No One Can Be Reached At Home/Work, I Authorize The Release Of My Child To Either Of The Following:

Local Contact ______________________ Phone No. (____) ______________

Local Contact ______________________ Phone No. (____) ______________

In case the above child becomes seriously ill or injured at school and I cannot be reached, I grant permission for my child to be transported to an emergency facility. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge by my signature that I am aware that the information on this card may be shared with those persons identified by the school district who require this information to care for the health, safety, and/or education of my child.

Name of local doctor ______________________ Phone No. ______________ Hospital Insurance ☐ Yes ☐ No

Company ______________________

______________________ (Legal Guardian's Signature) ______________ Date

Policy Number ______________________

(Over)

Student Health Evaluation

☐ My child has a life threatening condition that you should be aware of: ______________________

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Does your child have?

*Yes	No	
☐	☐	Physical Activity Restrictions (2)
☐	☐	Cardiac (4)
☐	☐	Diabetic (6)
☐	☐	Multiple Allergies **(list below including drug allergy)** (10)
☐	☐	Seizure Disorder (11)
☐	☐	Special Blood Condition (13)
☐	☐	Insect Stings (list below) (15)
☐	☐	Asthma (17)
☐	☐	Food Allergy (18)
☐	☐	Animal Allergy (list below) (19)
☐	☐	Envir. Allergy (list below) (20)
☐	☐	Orthopedic Handicap (21)
☐	☐	Kidney Disease (21)
☐	☐	Vision Problem ☐ Glasses ☐ Contacts (21)

*Yes	No	
☐	☐	Hearing Problem (21)
☐	☐	Does your child have any injury or condition not listed above? (21)
☐	☐	Special Needs - Concerns (21)
☐	☐	Long Term Meds (list below) (22)

Date of last Tetanus / (DT / DPT) Booster

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Date of last Measle / M
Mumps / M ______________
Rubella / R

* Please explain if your answer is **Yes** to any of the questions above.

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