

Extra-Curricular Emergency Medical Card

Please Print

Student Name _____ Mailing Address _____ Home Phone _____ Date of Birth _____

Mother/Guardian Name _____ Address _____ Cell Phone _____ Work Phone _____

Father/Guardian Name _____ Address _____ Cell Phone _____ Work Phone _____

Emergency Contact (when parent cannot be reached) _____ Relationship to student _____ Phone Number _____

Physician _____ Phone Number _____

Insurance Company _____ Policy Number _____

Does your child have any ongoing, significant disease or chronic illness? (check those that apply): Diabetes Epilepsy Heart Condition

Asthma Does your child carry an inhaler? Yes No Allergies to medicine (please list) _____

Allergies to food (please list) _____ Other allergies (please list) _____

Does your child carry an EpiPen? Yes No Other medical issues (please list) _____

List any regular medications your child takes _____

Should a health emergency occur due to your child's health condition(s), what action should be taken (i.e. administer inhaler, epiPen, give juice, etc.):

List additional instructions/information for the coach _____

I acknowledge and accept that hazards are present in any athletic activity and that injury/illness may result. My signature authorizes the school to obtain any emergency medical transportation or care that may become necessary in the course of activities or travel.

Parent/Guardian signature _____

_____ Date

If you had a sports physical during this school year, it is valid for 13 months from the date you received it. Please plan on getting your new physical before the old one expires.

If you did not have a sports physical this school year, you must have one by the beginning of next school year.