



- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the Coach, athletic trainer, or emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed by the Coach/trainer/athletic director or any other medical personnel for completeness.
- Include emergency phone numbers or significant medical history

***Please complete the information below prior to participation:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Blood Type: \_\_\_\_\_

***In case of accident or emergency, please contact:***

Parent's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact Telephone # (    ) \_\_\_\_\_

Secondary Emergency Contact Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact Telephone # (    ) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # (    ) \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_, MD or DO (circle one)

Address: \_\_\_\_\_ Telephone # (    ) \_\_\_\_\_

Pre-Existing Circulatory/Pulmonary Conditions: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Inhalers: \_\_\_\_\_

Allergies or Allergic Reactions: \_\_\_\_\_

Medications Being Used: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_\_

Have you ever had a concussion (i.e. bell rung, ding, head rush) or head injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_  
Permission to Treat: \_\_\_\_\_ Parent's/Guardian's Signature \_\_\_\_\_