

EMERGENCY INFORMATION CARD

Student's Name _____
LAST FIRST

Address _____ Home Tele. _____

Age _____ D.O.B. _____ Grade _____ Religion _____

Contact for parent, if not at home?

Name/Place? _____ Phone _____

Name/Place? _____ Phone _____

Neighbor or relative who can be contacted for temporary care, if you cannot be reached.

Name/Place? _____ Phone _____

I am aware that playing or practicing to play contact or collision sports (football, basketball, wrestling, field hockey, baseball and softball, etc.) is a dangerous activity involving many risks of injury. I understand that the risks include but are not limited to: death; serious neck and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; serious injury or impairment to other aspects of the body; general health and well being. I understand that the dangers and risks of playing or practicing to play contact or collision sports may result in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and to generally enjoy life.

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school contact the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangement seems necessary.

Local Physician's Name _____ Office Tele. _____

I have read and understand the above information:

Parent/Guardian Signature _____

Athlete Signature _____

Date _____