

Sport _____

HEALTH EMERGENCY CARE RECORD

Student's Name _____

Grade _____

Home Address _____

Home Phone _____

City

Zip

Parent/Guardian Name _____

Work Phone _____

Doctor _____

Cell Phone # _____

Clinic _____

Clinic Phone _____

Hospital _____

Special Medications/Allergies: _____

Emergency care instructions: _____

Relative or neighbor to contact if parent/guardian can't be reached:

Name _____

Phone _____

Recognizing that participation in an athletic activity may require emergency medical treatment and school personnel may be unable to reach me, I do hereby consent in advance to such emergency care, including hospitalization, as may be needed under the circumstances.

Parent/Guardian Signature: _____

Date: _____