

Permission to Treat:_

Emergency Card for Athletes

- 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 in each sports' season: Name:			
		Address:	
		City, State, Zip:	
Telephone:			
Blood Type:			
In case of accident or emergency, please contact	t:		
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?YesNo		
Other Pertinent Information:			

Parent's/Guardian's Signature