

EMERGENCY INFORMATION CARD

Student Information

Name: _____
Address: _____
Telephone # _____ Age _____

Parent Information

Name: _____
Address: _____
Telephone # H _____ W _____ C _____
Telephone # H _____ W _____ C _____

Emergency Contact 1

Name: _____ Relation _____
Address: _____
Telephone # H _____ W _____ C _____
Telephone # H _____ W _____ C _____

Emergency Contact 2

Name: _____ Relation _____
Address: _____
Telephone # H _____ W _____ C _____
Telephone # H _____ W _____ C _____

I here by give permission for treatment by the attending medical personnel (physician, certified athletic trainer or EMS) for injuries and conditions incurred while participating in Governor Mifflin athletics. This includes, but not limited to emergency first aid and initial injury evaluation, X-rays and other procedures deemed necessary for the preservation of health.

Known Allergies _____

Current Medications: _____

Pre existing conditions medical personnel should be aware: _____

Signature of Parent or Guardian: _____ Date _____

Family Physician

Name _____
Address _____
Telephone _____

Health Insurance _____
Policy Number _____
Group Number _____