

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 \_\_\_\_\_