

Almont Community Schools
Student Athletic Emergency Information Card

NAME _____ SPORT _____ DATE _____

ADDRESS _____ PHONE # _____

Work # _____

MOTHER' NAME _____ PHONE # _____

Work # _____

FATHER'S NAME _____ PHONE # _____

Work # _____

Please list two (2) emergency contacts (relatives or neighbors):

1. NAME _____ PHONE # _____

2. NAME _____ PHONE # _____

FAMILY DOCTOR _____ PHONE # _____

Medication taken regularly: _____

Allergies _____

Does this athlete have Asthma? _____ Inhaler type _____

Previous injuries or illness that could be of concern if a medical emergency arises: _____

List all injuries that resulted in loss of playing time or practice:

HEALTH INSURANCE CO. NAME _____ GROUP # _____

CONTRACT # _____ SERVICE CODE _____

In the event of serious accident or illness, I request that a representative of the School System contact me. If I cannot be reached, I request that contact be made with our family doctor and his/her instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents or licensed physician, may administer such emergency medical treatment as they deem necessary under the circumstance.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I wish the school authorities to **take no action or to:**

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____