

## SOUTH KITSAP SCHOOL DISTRICT EMERGENCY MEDICAL CARD

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ ID# \_\_\_\_\_ SPORT \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Primary Guardian(s) Name \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Alternate contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H/W) \_\_\_\_\_ Phone(C) \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Allergies \_\_\_\_\_

Medical Conditions/Chronic Illnesses (respiratory, digestive, cardiac, seizure etc.) Any medications taken regularly or any other important medical information:

Emergency Medication \_\_\_\_\_ Last Tetanus Immunization \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Hospital Preference \_\_\_\_\_

I hereby give consent for my child to participate and to receive any necessary health care treatment including first aid, diagnostic procedures, and medical treatment, which may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The care providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In case of an emergency I give permission for my child to be transported and /or to receive necessary treatment by medical authorities.

Parent/Guardian X \_\_\_\_\_ Date X \_\_\_\_\_

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Parent/Guardian X \_\_\_\_\_ Date X \_\_\_\_\_