

Student Name _____ / _____ / _____
LAST FIRST M.I. BIRTHDATE M / F

ADDRESS _____
CITY ZIP CODE HOME PHONE

PARENT / GUARDIAN _____

#1 ADDRESS (IF DIFFERENT) _____

HOME PH # _____ WORK PH # _____ CELL PH # _____

PARENT / GUARDIAN _____

#2 ADDRESS (IF DIFFERENT) _____

HOME PH # _____ WORK PH # _____ CELL PH # _____

PARENT E-MAIL ADDRESS _____

STUDENT CONTACT INFORMATION (Local phone) _____ EMAIL _____

ANY DAILY MEDICATION? _____

HEALTH CONCERNS OR ALLERGIES? _____

THE INFORMATION ON THE EMERGENCY CARD IS **CONFIDENTIAL** BUT WILL BE USED IN THE EVENT OF AN EMERGENCY TO CONTACT YOU OR TO GIVE TO PARAMEDICS\EMERGENCY PERSONNEL IF NECESSARY. Thank you.

PLEASE PRINT CAREFULLY – Thank you

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| <p>SPORTS Emergency Card School Year 20____ - 20____</p> <p>Student Name (LAST) _____</p> <p>FIRST _____ M.I. _____ M / F</p> <p>BIRTHDATE (mm/dd/yr) _____</p> <p>ADDRESS _____</p> <p>(CITY) _____</p> <p>(STATE) _____ ZIP CODE _____</p> <p>(COUNTRY – if not USA) _____</p> <p>HOME PHONE [] Area/CountryCode _____</p> <p>Email Address (Student) _____</p> <p>Contact Number (Land line) [] _____</p> <p>Cellular Phone (Local contact) [] _____</p> <p>EMERGENCY CONTACT PERSON</p> <p>Name _____</p> <p>Contact Number(s) _____ or _____</p> <p>Email Address _____</p> <p>MEDICATIONS (Medical Alerts) _____</p> | <p>INSURANCE INFORMATION</p> <p>Insurance Carrier (Company) _____</p> <p>Address: _____</p> <p>CITY; _____ State ____ Postal Code _____</p> <p>Telephone # Area Code [] _____</p> <p>TOLL FREE NUMBER (if available) _____</p> <p>Website: _____</p> <p>Telephone Number (Providers) _____</p> <p>Identification Number # _____</p> <p>Policy Holder (if different than student) _____</p> <p>GROUP # _____ PLAN: _____</p> <p>HMO ____ PPO ____ Benefit Fund _____</p> <p>Insurance Administrator (Agency or contact person) _____</p> <p>Preauthorization Required: Yes ____ No ____ Surgery only ____</p> <p>Pharmacy Benefits: Yes ____ No ____</p> <p>Parent/Employer/Self Yes ____ No ____ Student Plan Yes ____ No ____</p> <p>PRESENT THIS INFORMATION TO ADMISSION DESK/BUSINESS OFFICE</p> |
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Routing:

- Cut out card to coaches for travel.
- Top section to remain with student health record for school officials use.