Spring Lake Park High School Emergency Card

Please print and fill in card completely. All information will remain *confidential.* Report changes in information.

Participants Full Name: _____ Age: _____ Grade:_____ Sports_____

Home Address: _____ Date of Birth: _____

1. Parent/Guardian's Name: _____email address: _____
home phone: _____ cell phone: _____work phone:_____

2. Parent/Guardian's Name: _____email address: _____
home phone: _____ cell phone: _____work phone:_____

PERSON TO CONTACT IN CASE PARENT/GUARDIAN CANNOT BE REACHED: _____
home phone: _____ cell phone: _____work phone:_____

Family Physician: _____ Clinic: _____ Clinic Phone: _____

Hospital: _____ Dentist: _____ Dentist Phone: _____

HEALTH INSURANCE: _____ POLICY I.D. NUMBER: _____

Please circle any of the following illnesses or injuries the participant has experienced:
heart - breathing - diabetic - bone - joint - neuromuscular - other _____

Regular Medications: _____ Allergies: _____

In case of accident or illness, I authorize the head athletic trainer or a designee to provide appropriate emergency care. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance or arrange for transportation for the participant to the hospital listed above, or to the nearest facility based on the conditions pertaining to the incident. I understand that if an immediate ambulance transport is deemed necessary, I may not be notified until after the transport has been initiated.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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