

EMERGENCY MEDICAL CARD

Name of Student Athlete: _____ Telephone: _____

Address of Student: _____

Parent or Guardian: _____ Telephone (Home): _____

Telephone (Cell): _____ Telephone (Work): _____

Name of Desired Hospital for Treatment: _____

Hospital Telephone: _____ Family Doctor: _____

PLEASE LIST BELOW ANY SPECIAL MEDICAL PROBLEMS OR HANDICAPS YOUR SON/DAUGHTER HAS:

I, as a parent/guardian of the above boy/girl, give my permission to the attending physician, trainer, medical personnel, or coach to give first aid care to my son/daughter should he/she require such assistance or emergency aid.

Signature of Parent or Guardian

Date