

Student-Athlete **EMERGENCY CARD**

Athlete's Name	Last:	First:	
Athlete's Address			
Athlete's Cell Phone			
Athlete's Email			
Athlete's School			
Athlete's DOB and grade	DOB:	Grade:	
Parent(s)/Guardian's Name			
Parent(s)/Guardian's Email			
Parent(s)/Guardian's Phone	Home:	Work:	Cell:
Insurance Co			
Policy Holder's Name			
Policy Number			
Medical Conditions/Allergies			
Current Medications			
Preferred Hospital			
Family Doctor's Name			
Doctor's Phone #			

I, _____, give permission for the athletic training staff to treat my child, _____, for injuries and illnesses. I also give permission for the athletic training, coaching, or athletic department staff to provide emergency medical treatment for my child. This may include transporting my child to an emergency room or by ambulance as necessary. My child has an Athletic Participation/Parental Consent/Physical Examination Form on file at his/her school.

Parent's Signature & Date

Administrative use only

In compliance:

For students: Physical form (VHSL) on file in Athletic Office
For parents: signature signifies doctor's clearance to practice