



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Parent (Guardian): \_\_\_\_\_ Address: \_\_\_\_\_

Father's Phone (Work): \_\_\_\_\_ Mother's Phone (Work): \_\_\_\_\_

Person to Notify if Parent Cannot Be Reached - Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

PURPOSE OF THIS CARD: To enable parents or guardians to authorize the provision of emergency treatment for minors who become ill or injured while under school authority when parents or guardians cannot be reached. In the event of an emergency requiring medical attention, I hereby grant my permission to the team physician, trainer or coach to administer first aid to my son/daughter \_\_\_\_\_ Yes:  No:

In the event of an emergency requiring further medical attention, I hereby grant my permission to \_\_\_\_\_ (family doctor) at \_\_\_\_\_ (preferred hospital) or (if not possible) to attending physician at the hospital designated by the school staff to attend to my son/daughter \_\_\_\_\_. Yes:  No:

I expect every effort will be made to contact me in order to receive my specific authorization before any major medical treatment or hospitalization is undertaken.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

HEALTH HISTORY

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Contract Number: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Table with 3 columns: Medical History, YES, NO. Rows include Heart Condition, Epilepsy, Diabetes, Asthma, Other Condition, Wear Contacts or Glasses, Allergic To Any Medication. Includes 'If So Explain' and 'If So Please State' fields.

PLEASE FILL CARD OUT COMPLETE AND SIGN IT. PLEASE NOTIFY THE SCHOOL IF ANY OF THE INFORMATION (Above or on the other side) CHANGES DURING THE SCHOOL YEAR.