

ATHLETE EMERGENCY INFORMATION CARD

Name: _____

Address: _____

Home Phone: _____ Birth Date: _____

Parent or Guardian Name: _____

Emergency Contact Phone Number: _____

Family MD: _____ Phone: _____

Allergies/Medical Conditions: _____

Medications: _____

Parent or Guardian Authorization:

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery, that is deemed advisable for the welfare of the above-named participant. I also understand that I am responsible for costs incurred relating to such services as may be provided.

Parent or Guardian Signature _____