

EMERGENCY INFORMATION CARD

Please complete the entire form so we can provide your athlete with complete and thorough medical care in the case of your absence. This information is for use by the North High Activities Office.

Athlete's Name _____ Grade _____ Male or Female (Circle one)
Address _____ City _____ Zip _____
Phone () _____ Birthdate _____

List two persons to contact in case of emergency:

Parent or guardian's name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Zip Code _____ Cell Phone _____

Second person's name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Zip Code _____ Cell Phone _____

Relationship to Athlete _____

Physician's name (or Clinic) _____

Address or Location _____ Phone _____

Insurance Company _____ Policy # _____

Medical conditions (e.g., allergies or chronic illnesses) _____

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____ Other concerns _____

I hereby give my permission for _____ to participate in


(Name the sport(s) Fall _____ Winter _____ Spring _____ during this school year.

Further, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in these sports is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to fall, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

 Athlete's Signature _____ Date _____

 Parent's Signature _____ Date _____