Part E.

ATHLETIC INJURY EMERGENCY CARD

Athlet	te					
Age		Class	Height		_Weight	
Paren	t/Guardian _				_Home Phone	
Addre	ess				_Cell Phone	
Other	Emergency C	ontact		Home	e Phone	
Family Physician					_Bus. Phone	
Name of Insurance Company				Policy Number		
treatn or hos the so	ment for the a spital emerger	bove named st ncy room in the carry insurand rticipation.	udent with a per event that I ce for any loss	ohysician, cannot be that may	ficial to arrange for emergency EMT, certified athletic trainer, notified. I understand that be sustained due to injury as a	
 Paren	t or Guardian				Date	
situat	ions. Please	nation may be complete accur	rately. ations:		er responses in certain /Dosage Being Taken	
	Allergy			edications	7 Dosage being Taken	
2. Other Medications/Dosages Being Taken:						
3.	3. Known medical conditions (circle if applicable and add others): Diabetes, seizure disorder, asthma, other					
4. History of significant old injury (what, where, when?)					n?)	
5.	Date of last	tetanus inocula	ation: Mo	onth	Year	