

WHS ATHLETICS EMERGENCY CARD

SPORT \_\_\_\_\_

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact (Relative) \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Emergency Contact (opt.) \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your student have any health concerns?  yes\*  no

Hearing  Asthma  Diabetes  Seizures  Vision  Heart Problems  Bone/Muscle

Dietary Restrictions  Bleeding Disorder  Heart Problems  Physical Handicap

Severe Allergies: List: \_\_\_\_\_

Does your child have an Epi-Pen?  yes  no

Other \_\_\_\_\_

\*If yes, please describe any special instructions or medications that the coach or emergency personnel should be aware of: \_\_\_\_\_

\_\_\_\_\_  
(Continue on back)

Hospital of Choice (or state "Nearest") \_\_\_\_\_

Signature (Permission for emergency care) \_\_\_\_\_ Date \_\_\_\_\_