COMMUNITY SCHOOL CORPORATION
OF SOUTHERN HANCOCK COUNTY

ATHLETIC EMERGENCY MEDICAL CARD

Date: _____ Date of Birth: ____/____/____

Grade: _____ Age: _____ Sports: _____

Student's Full Legal Name

_____
Last First Middle

Home Phone : _____Address: _____

Student Lives With:
Father: _____ Natural ____ Step ____ Foster (please check one)

Name: _____ Home Phone: _____ Work Phone: _____

Mother: _____ Natural _____ Step _____ Foster

Name: _____ Home Phone: _____Work Phone: _____

Emergency Contact Person: _____Home#: _____ Work#: _____

Person: _____Home#: _____ Work#: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Please identify any health concerns your trainer or coach needs to know:

_____

_____

Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of the same. In case of an accident or illness where immediate treatment is not needed, but my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that the emergency contact person listed above to be contacted to care for my child until I can be reached.

Date: _____ Signature of Parent or Guardian:_____