

EMERGENCY INFORMATION CARD

Student's Name _____

Sport _____ Grade _____ Date of Birth _____

Parent/Guardian Information

Name: _____ Tel. _____

Name: _____ Tel. _____

In case parent/guardian cannot be reached, please list an alternate contact.

Name _____ Tel. _____

PHYSICIAN'S NAME _____ Tel _____

DATE OF LAST TETANUS SHOT _____

ALLERGIES _____

EPI-PEN: yes / no if yes, where is it kept? _____

INHALER: yes / no if yes, where is it kept? _____

SIGNATURE OF PARENT/GUARDIAN _____

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