EMERGENCY INFORMATION CARD

Sport	Grade Date of Birth	
Parent/Guardian Info	ormation	
Name:	Tel	
Name:	Tel	
In case parent/guardia	an cannot be reached, please list an alternate contact.	
Name	Tel	
PHYSICIAN'S NAMI	ETel	
DATE OF LAST TET	TANUS SHOT	
ALLERGIES		
EPI-PEN: yes /	no if yes, where is it kept?	
INHALER: yes /	no if yes, where is it kept?	
SIGNATURE OF PAI	RENT/GUARDIAN	
	RENT/GUARDIAN EMERGENCY INFORMATION CARD	
Student's Name	EMERGENCY INFORMATION CARD	
Student's Name	Grade Date of Birth	
Student's Name Sport Parent/Guardian Info	Grade Date of Birth	
Student's Name Sport Parent/Guardian Info Name:	EMERGENCY INFORMATION CARD Grade Date of Birth ormation	
Student's Name Sport Parent/Guardian Info Name: Name:	Grade Date of Birth ormationTel	
Student's Name Sport Parent/Guardian Info Name: Name: In case parent/guardia	Grade Date of Birth ormation Tel Tel	
Student's Name Sport Parent/Guardian Info Name: Name: In case parent/guardia Name	Grade Date of Birth ormation Tel Tel an cannot be reached, please list an alternate contact.	
Student's Name Sport Parent/Guardian Info Name: Name: In case parent/guardia Name PHYSICIAN'S NAMI	Grade Date of Birth ormation Tel Tel an cannot be reached, please list an alternate contact. Tel	
Student's Name Sport Parent/Guardian Info Name: Name: In case parent/guardia Name PHYSICIAN'S NAMI DATE OF LAST TET	Grade Date of Birth ormation Tel an cannot be reached, please list an alternate contact. Tel Tel Tel Tel Tel Tel Tel Tel Tel	
Student's Name Sport Parent/Guardian Information Name: Name: In case parent/guardian Name PHYSICIAN'S NAME DATE OF LAST TET ALLERGIES	Grade Date of Birth ormation Tel an cannot be reached, please list an alternate contact. Tel Tel	

SIGNATURE OF PARENT/GUARDIAN_____