

STUDENT PARTICIPANT EMERGENCY CARD

Name _____ Sport/Activity _____

Parent/Guardian _____ Grade _____

Address _____

City _____ WI Zip _____

Phone (h) _____ (w) _____ (c) _____

Doctor _____ Phone _____

Preferred Hospital _____

Emergency Contact _____ Phone _____

Health Concerns _____

Allergies: _____

I hereby give authorization for emergency treatment/care if I cannot be contacted

Parent / Guardian Signature _____ Date _____

CUT ALONG DOTTED LINE BEFORE TURNING IN

TO BE FILLED OUT FOR EVERY SPORT ATHLETE PARTICIPATES IN.