

**EXTRA CURRICULAR EMERGENCY MEDICAL CARD**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person (when parent cannot be reached) \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH:** check those that apply

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Asthma

\_\_\_\_\_ Heart Condition

\_\_\_\_\_ Allergy to medications (please list) \_\_\_\_\_

\_\_\_\_\_ Allergy to foods (please list) \_\_\_\_\_

\_\_\_\_\_ Other (please list) \_\_\_\_\_

Does your child take medication? If yes, please list \_\_\_\_\_

Does your child carry an asthma inhaler? If yes, please list \_\_\_\_\_

What emergency action should be taken by the coach due to your child's health condition or any special instructions for the coach? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_