

\*\*\*\*SOUTH ADAMS ATHLETIC EMERGENCY INFORMATION CARD\*\*\*\*

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone During Day: Father's \_\_\_\_\_ Mother's \_\_\_\_\_

In an emergency, if parents cannot be contacted:

NOTIFY \_\_\_\_\_ at \_\_\_\_\_  
Name Phone

Family Doctor \_\_\_\_\_ Dr. Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

KEEP CARDS IN TEAM FIRST AID KIT