

NEWBERRY HIGH SCHOOL
*****ATHLETIC EMERGENCY INFORMATION CARD*****

Athlete: _____ Classification: _____ FR _____ SO _____ JR _____ SR

Date of Birth: _____ Social Security #: _____ Sport(s): _____

Parent(s)/ Guardian(s): _____

Mailing Address: _____ Home Phone #: _____

_____ Work Phone #: _____

Nearest relative or friend to contact in case the above cannot be reached:

Name: _____ Home Phone #: _____

Relationship: _____ Work Phone #: _____

Athletic Information

Family Physician/Primary Care Physician: _____ Off. Phone #: _____

Any Allergies to Medications or other: _____

Circle any that apply: Contact Lenses Glasses Braces Asthma Diabetes Epilepsy

Any other Conditions we should know: _____

Parent/Guardian Information:

Father's Employer: _____ WK Phone #: _____

Father's Insurance: _____ Policy #: _____

Mother's Employer: _____ WK Phone #: _____

Mother's Insurance: _____ Policy #: _____

Insurance Address: _____ Phone #: _____

HMO: ___ Yes ___ No PPO: ___ Yes ___ No Plan: _____

Does your insurance cover your son/daughter? ___ Yes ___ No

If yes, please note: Mother's ___ Father's: _____

**Does your insurance require you to be seen at a particular Hospital? Yes _____ No _____

Explain: _____

If in the judgment of any representative of the school, the above student athlete needs any care and/or treatment as a result of injury or illness, I request, authorize, and consent to such care and treatment given to my son/daughter by any physician, athletic trainer, physical therapist, coach, nurse, hospital, or school representative. I agree that any physician, athletic trainer, physical therapist, coach, nurse, hospital or school representative will not be held responsible for any claim on account of such care and treatment for my son/daughter.

Parent/Guardian Signature: _____ Date: _____