

GRAVELLY HILL ATHLETIC EMERGENCY AND HEALTH INFORMATION CARD

SCHOOL YEAR _____

NAME: _____ GRADE: _____
(LAST) (FIRST)

ADDRESS: _____ HOME TEL.: _____

CITY: _____ ZIP: _____

DOB: _____ HOMEROOM TEACHER: _____

MOTHER'S NAME: _____ WK.# _____

FATHER'S NAME: _____ WK.# _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PH. NUMBER: _____

HOSPITAL PREFERENCE: _____

SERIOUS HEALTH CONCERNS: _____

MEDICATIONS TAKEN DAILY: _____

IMPORTANT MEDICAL INFORMATION

ALLERGIES _____ LIST _____

DIABETES _____ ARTHRITIS _____ SEIZURES _____

ASTHMA _____ LAST ER/DR. VISIT FOR ASTHMA: _____

SICKLE CELL _____ VISION PROB. _____ HEARING PROB. _____

HEART PROBLEMS _____ BLEEDING DISORDERS _____

OTHER _____

In case of an emergency, I authorize athletic staff/emergency personnel to transport my child to the hospital in the event I cannot be reached.

PARENT/GUARDIAN SIGNATURE: _____

I give permission for athletic staff to share my child's medical information with emergency personnel.

PARENT/GUARDIAN SIGNATURE: _____