

NEWBERRY HIGH SCHOOL

ATHLETIC EMERGENCY INFORMATION CARD

Athlete Name: _____ Grade: _____

Date of Birth: _____ Last 4 of Social Security Number: _____

Parent(s) / Guardian(s) Name: _____

Mailing Address: _____

Home Phone Number: _____

Dad's Work Phone Number: _____

Mom's Work Phone Number: _____

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

Name: _____ Phone Number: _____

Relationship: _____

Athletic Information

Family Physician / Primary Care Physician: _____

Any Allergies to Medications or other: _____

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

Any other conditions we should know: _____

Student Athletes Insurance Information (Fill out which applies):

Does your student athlete have insurance? _____ yes _____ no

Medicaid:	HMO / PPO:
Insurance Name:	Policy Holder Name:
Policy Number:	Insurance Name:
	Policy Number:

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: _____