

**WESTERN BOONE ATHLETICS
STUDENT EMERGENCY INFORMATION FORM 2018-2019**

GRADE _____ STAR CARD # _____

NAME _____ DATE OF BIRTH ____-____-____
 LAST FIRST MIDDLE

ADDRESS _____
 NUMBER STREET CITY ZIP CODE

FATHER _____ WORK PHONE _____

CELL PHONE _____

MOTHER _____ WORK PHONE _____

CELL PHONE _____

IF PARENTS CANNOT BE CONTACTED, CALL _____
 NAME PHONE

FAMILY DOCTOR _____ PHONE _____

Medical Insurance Company _____ ID # _____

Date of Last Tetanus: _____

Medical Info Coach should be aware of: _____

Allergies: _____

In the event that an emergency arises during a practice session or a game, an effort will be made to contact the parents or guardians as soon as possible. If the parents or guardians cannot be reached, permission is hereby granted to the attending physician to proceed with any emergency medical or minor surgical treatments, x-ray examinations, and immunizations for this athlete. In the event of serious illness, significant injury, or the need for major surgery, the attending physician will attempt to contact the parents or relatives. If the physician is not able to communicate with the parents or relatives, the treatment necessary for the interest of this athlete may be given. Permission is also granted to the coach or athletic trainer to provide the needed emergency treatment to the athlete prior to admission to the medical facilities.

SIGNATURE OF PARENT OR GUARDIAN

DATE