

Sport _____

Neenah Joint School District
ATHLETIC EMERGENCY INFORMATION CARD

As a parent or guardian of _____
(Last Name) (First Name) (Middle Initial)

My child has _____ medical condition. Specific recommendations related to his/her medical condition are the following:

EMAIL Address: _____
Father/Guardian Mother/Guardian

I will keep the coaching staff informed as to any changes or updates related to my child's medical condition and/or care throughout the year. In case of an emergency occasioned by an accident or injury, I give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Known allergies to drugs and anesthetic:

Date of Birth: _____ Home phone: _____

Father's Full Name: _____ Address: _____

Father's Employment: _____ Work phone: _____

Mother's Full Name: _____ Address: _____

Mother's Employment: _____ Work phone: _____

Insurance Company and Number : _____

Family Doctor : _____ Telephone : _____

Family Dentist: _____ Telephone : _____

Parent or Guardian Signature: _____ Date: _____