

Student Athlete Emergency Information Card

Name: _____ Date of Birth: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

List 2 friends or relatives who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Number: _____

2. Name: _____ Number: _____

List any Medical conditions your child may have:

List any Medications your child is allergic to: _____

List any Medications, Inhaler(s), or EpiPens your child is currently using: _____

Insurance information

Name of Insurance or Company: _____

Policy # _____ Group: _____

Name of primary person insured: _____

Medical Authorization

If a parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of FOOTHILL CHRISTIAN SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such a treatment as the physician may deem necessary.

_____ Date: _____

Signature of (mother) or (female guardian)

_____ Date: _____

Signature of (Father) or (male guardian)