

BCS ATHLETICS EMERGENCY CARD

In case of an injury or illness, not necessarily amounting to an emergency, involving my son/daughter, _____ when neither parent can be reached at the phone numbers shown on the bottom of this sheet, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

_____ Date _____ Signature of Parent _____ Print Parent Name _____

Student Name: _____
Last First Middle

Address: _____
Street City Zip Code

Home Phone: _____ Date of Birth: _____ Sex: ____ Grade: _____

1. _____
Mother's Name Home Phone Work Phone Cell Phone

2. _____
Father's Name Home Phone Work Phone Cell Phone

3. _____
Relative or Friend Name Home Phone Work Phone Cell Phone

Student's Physician: _____
Doctor Name Address Phone

Student's Dentist: _____
Dentist Name Address Phone

Hospital Preference: _____

Medical Insurer: _____ Policy Number _____

Health Information

Does your child have any specific physical problems? NO [] YES []

If yes, please check all that apply:

- Cardiac [] Convulsive Disorder [] Blood Abnormality [] Orthopedic []
Neurologic [] Allergies, asthma [] Diabetes [] Bee Stings []

History of chronic illness, allergies or asthma, etc. _____

Does your child take medication regularly? NO [] YES []

If yes, please describe _____

Name of Medication Dosage