

ATHLETIC EMERGENCY CARD - BUCHANAN HIGH SCHOOL

Please Print

Student Name \_\_\_\_\_ Sport \_\_\_\_\_ SID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Phone \_\_\_\_\_

DOB \_\_\_\_\_ Date of Last Tetanus booster \_\_\_\_\_ Contact Lens? Yes or No

Are you allergic to any medications? Please list \_\_\_\_\_

Any other allergies? Please list \_\_\_\_\_

Presently taking any medication(s)? \_\_\_\_\_

Asthma? Yes or No Inhaler? Type \_\_\_\_\_

Person to contact in case of emergency:

1. \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_

2. \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_

3. \_\_\_\_\_ Phone Hm. \_\_\_\_\_ Wk. \_\_\_\_\_ Cell \_\_\_\_\_

My son/daughter has permission to participate in athletics at Buchanan High School and to travel with his/her team(s) for athletic contests. Should it be necessary for my child to have medical treatment while participating in sports, or on a trip, and if the District is unable to contact me, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining medical services for my child. I understand that my child must have medical insurance that provides at least \$1500.00 accidental injury coverage.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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