ATHLETE EMERGENCY INFORMATION CARD

NAME OF PUPIL _____

DATE OF BIRTH _____

HOME ADDRESS _____ _____
PHONE

NAME OF FATHER _____ _____
BUSINESS PHONE

NAME OF MOTHER _____ _____
BUSINESS PHONE

NAME OF RESPONSIBLE ADULT WHO WILL ASSUME RESPONSIBILITY FOR THE CHILD IF PARENTS CANNOT BE REACHED

_____

ADDRESS _____ _____
PHONE

PHYSICIAN OF CHOICE (1) _____ (2) _____

DENTIST OF CHOICE _____

HOSPITAL OF CHOICE _____

SPECIAL HEALTH CONDITIONS OF CHILD, IF ANY _____

_____

_____

INSURANCE INFORMATION: _____

_____

IF YOU AND THE PHYSICIAN OF CHOICE AS INDICATED ABOVE CANNOT BE REACHED IN AN EMERGENCY, AND IF IN THE JUDGMENT OF THE SCHOOL AUTHORITIES, IMMEDIATE MEDICAL AND/OR HOSPITAL ATTENTION IS INDICATED, DO YOU AUTHORIZE RESPONSIBLE SCHOOL AUTHORITIES TO SEND YOUR CHILD (PROPERLY ACCOMPANIED) TO AN AVAILABLE HOSPITAL OR PHYSICIAN?

☐ YES ☐ NO

_____
SIGNATURE OF PARENT OR GUARDIAN

DATE _____

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KANKAKEE SCHOOL DISTRICT HEALTH SERVICES
EMERGENCY INFORMATION CARD

DEAR PARENT:

ON SEVERAL OCCASIONS WE HAVE FOUND IT DIFFICULT TO CONTACT PARENTS OR GUARDIANS IN CASES OF EMERGENCY. WILL YOU PLEASE HELP US BY COMPLETING THE REVERSE SIDE OF THIS CARD WITH THE REQUIRED INFORMATION. WHEN BOTH PARENTS ARE WORKING IT IS ESPECIALLY IMPORTANT TO HAVE THIS INFORMATION.

SCHOOL NURSE