

ALVORD ISD EMERGENCY INFORMATION CARD

Name: _____ Sport: _____
Grade: _____ Age: _____ Date of Birth: _____ Sex: M F
Home Address: _____ City: _____
Home Phone: _____ Is this student athlete covered under a health insurance plan? Y N
Insurance Name: _____ Policy/ Group Number _____
Father: _____ Mother: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____
Medical History: Does this student have any allergies? Take any Medications?

In the event a parent or guardian cannot be reached, please list a close relative or friend as an emergency contact:

Name: _____ Relationship to Student _____ Phone _____

Consent Statement: If, in the judgement of any school representative, the above named student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative, this includes the athletic trainer dispensing OTC medication as deemed necessary. I also authorize any physician to release confidential information concerning an athletic injury to the athletic trainer involved.

Date: _____ Signature of Parent/Guardian _____

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