COMPLETE BOTH SIDES OF THIS FORM

EMERGENCY INFORMATION CARD

| Player | Date | |
|---|---|---|
| Date of Birth | Age | |
| Parent/Guardians Name | | |
| Address | | |
| Phone | Work Phone | _ |
| Email | Cell Phone | |
| Emergency contact | Phone | |
| Physician | Phone | |
| Hospital Preference | | |
| Chronic Ailments | | |
| CONS | MPLETE BOTH SIDES OF THIS FO SENT FOR EMERGENCY TREATMENT STERSCHOLASTIC ACTIVITY INJURE on's/daughter's) opportunity to participate | FOR |
| or other medical treatmen a physician, qualified nurse of time in which the stude interscholastic activity ted | s, hereby consent to emergency medical treat as may be necessary for the welfare of the and/or hospital, in the event of injury or ilent is away from his/her legal residence as a am or group, and hereby waive on behalf of the Co Springs School District 11, any of it I treatment. | ne above named child, by Ilness during all periods member of an myself and the above |

Date

Signature of Parent or Guardian