

SCHENECTADY CITY SCHOOL DISTRICT

ATHLETIC EMERGENCY CARD

SPORT _____

FULL NAME: _____ M F SCHOOL _____

ADDRESS: _____ ZIP CODE: _____ DOB: _____ GRADE: _____

SCHOOL ATTENDED LAST YR: _____ YEAR ENTERED 9TH GRADE: _____

PARENT NAME(S): _____

HOME #: _____ WORK#: _____ CELL#: _____ E-MAIL: _____

IN AN EMERGENCY, IF A PARENT/GUARDIAN CANNOT BE REACHED, NOTIFY:

NAME 1: _____ PHONE#: _____ WORK/CELL#: _____

NAME 2: _____ PHONE#: _____ WORK/CELL#: _____

FAMILY DOCTOR: _____ PHONE#: _____

DENTIST: _____ PHONE#: _____

HEALTH INSURANCE: _____ PREFERRED HOSPITAL: _____

MEDICAL ALERT: _____ ALLERGIES: _____

LAST TETANUS SHOT: _____ ATHLETIC DEPT. APPROVAL: _____
