

***SCHENECTADY CITY SCHOOL DISTRICT***

***ATHLETIC EMERGENCY CARD***

**SPORT \_\_\_\_\_**

FULL NAME: \_\_\_\_\_ M  F  SCHOOL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL ATTENDED LAST YR: \_\_\_\_\_ YEAR ENTERED 9<sup>TH</sup> 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: \_\_\_\_\_

\_\_\_\_\_

**SCHENECTADY CITY SCHOOL DISTRICT**  
*CERTIFICATION BY PARENT OR GUARDIAN*

TO WHOM IT MAY CONCERN:

IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR MY CHILD, \_\_\_\_\_ TO RECEIVE WHATEVER MEDICAL ATTENTION DEEMED NECESSARY FOR ANY INJURY WHILE HE/SHE IS PARTICIAPTING IN SPORTS EVENTS SPONSORED BY THE SCHENECTADY CITY SCHOOL DISTRICT. I ALSO UNDERSTAND THAT SHOULD MY CHILD'S LENSES (CONTACT/GLASSED) BECOME DISPLACED OR DAMAGED, I AM RESPONSIBLE FOR REPLACEMENT.

SIGNATURE OF PARENT OR GUARDIAN:

\_\_\_\_\_ DATE \_\_\_\_\_