

**JONATHON DAYTON HIGH SCHOOL ATHLETIC EMERGENCY CARD**

Sport \_\_\_\_\_ Season/Yr \_\_\_\_\_ Grade \_\_\_\_\_

ATHLETE'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

HOME TELEPHONE \_\_\_\_\_ SECOND PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

Glasses? Y/N Contact Lenses? Y/N MEDICAL CONDITIONS \_\_\_\_\_

PARENTS / GUARDIANS \_\_\_\_\_

FULL HOME ADDRESS \_\_\_\_\_

(Mother) WORK TELEPHONE \_\_\_\_\_ (Father) WORK TELEPHONE \_\_\_\_\_

CELLULAR PHONE \_\_\_\_\_ CELLULAR PHONE \_\_\_\_\_

PAGER NUMBER \_\_\_\_\_ PAGER NUMBER \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

If unable to reach parent(s), provide name of adult who will assume care and transportation of child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

In case of medical emergency, a member of the Jonathon Dayton High School Staff has my permission to take my child, or arrange to have child taken, to the nearest hospital for treatment. Preference \_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

\*This must be signed by parent even if child is over the age of 18.\*

COACH'S COPY

Trainer's Signature \_\_\_\_\_

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CELLULAR PHONE \_\_\_\_\_ CELLULAR PHONE \_\_\_\_\_

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Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

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TRAINER'S COPY

Nurse's Signature \_\_\_\_\_