

# AVON PUBLIC SCHOOLS ATHLETIC EMERGENCY INFORMATION CARD

**Athlete's Name** \_\_\_\_\_ **Sport** \_\_\_\_\_  
Please Print Last First Middle

**Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Avon, CT** **Telephone:** \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**In the event parents cannot be reached, call: Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Injury Hotline: 1-800-836-SPORT* **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Orthopedist \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Primary Medical Insurance Company or Plan: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy No. \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Allergies to: \_\_\_\_\_

**Please answer YES OR NO** Epileptic \_\_\_\_\_ Diabetic: \_\_\_\_\_ Asthmatic \_\_\_\_\_ Cardiac Problems \_\_\_\_\_

Contact Lenses \_\_\_\_\_ Medications: \_\_\_\_\_

Please list all previous serious illnesses, injuries, hospital confinements and surgeries within the past 5 years:  
\_\_\_\_\_  
\_\_\_\_\_

You have my permission to take whatever action is deemed necessary for the health & welfare of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_