

**KENNEDY CATHOLIC FAMILY OF SCHOOLS
ATHLETIC EMERGENCY CONTACT CARD**

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Date of Birth: _____ Sports: _____
Contact Lenses: _____ yes _____ no
Blood Type: _____

In case of accident or emergency, please contact:
Father/Guardian Name: _____ Relationship: _____
Address: _____
Emergency Contact Telephone: _____

Mother/Guardian Name: _____ Relationship: _____
Address: _____
Emergency Contact Telephone: _____

Other person who will assume responsibility for care of student if you cannot be reached:
Name: _____ Relationship: _____
Address: _____
Emergency Contact Telephone: _____

Medical Insurance Carrier: _____ Policy Number: _____
Address: _____ Telephone: _____
Family Physician's Name: _____ Md or DO
Address: _____ Telephone: _____
Preferred Hospital: _____

Bee Sting Allergies: yes/no EPI-PEN: yes/no Scoliosis: yes/no
Asthma: yes/no Inhalers: yes/no Chicken Pox: yes/no _____
Kidney Disease: yes/no Diabetes: yes/no Seasonal Allergies: yes/no
Allergies or Allergic Reactions: _____
DATE

Medications Being Used: _____

Pre-existing Circulatory/Pulmonary Conditions: _____

Convulsions/Seizures: _____
Physical Handicaps: _____
Date of Tetanus Immunization: _____

Have you ever had a concussion or head injury? _____ yes _____ no
Other pertinent information: _____

Permission to treat: _____
(Parent/Guardian Signature)

*This information card will be carried by the Athletic Trainer at each home event; and
by the Coach or Athletic Trainer to and from each away event.*