

HADDAM-KILLINGWORTH HIGH SCHOOL ATHLETIC EMERGENCY INFORMATION CARD

Athlete's Name _____ Sport _____
Please print Last First Middle

Date of Birth _____ Grade _____

Home address _____ Telephone _____

Father	Mother
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Business Phone _____	Business Phone _____
Cellular Phone _____	Cellular Phone _____

In event parents cannot be reached, call: Name: _____ Phone _____

Name _____ Phone _____

Family Doctor _____ Phone _____

Orthopedist _____ Phone _____

Dentist _____ Phone _____

Primary Medical Insurance Company or Plan: _____ Phone _____

Policyholder: _____ Member ID No. _____ Group No. _____

Hospital preference _____

Allergies: _____

Please answer Yes or No

Epileptic _____ Diabetic _____ Asthmatic _____

Cardiac problems _____ Contact lenses _____

Medications _____

Please list all previous serious illnesses, injuries, hospitalizations, and surgeries within the past 5 years:

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

I agree to notify the Athletic Director immediately if my child develops an illness or injury during the season which would affect his or her ability to participate in any practices or contests.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____