HADDAM-KILLINGWORTH HIGH SCHOOL ATHLETIC EMERGENCY INFORMATION CARD

Athlete's Name: _____ Sport: _____
Please Print Last First Middle

Date of Birth: _____ Grade: _____ Homeroom:_____

Home address: _____

Home Phone: _____ Cell Phone: _____ E:Mail: _____

Parent/Guardian 1: _____ Parent/Guardian 2:_____
Address: _____ Address: _____
City:_____State:_____ Zip Code:_____ City:_____State:_____ Zip Code:_____
Home Phone: _____ Home Phone: _____
Work Phone:_____ Work Phone:_____
Cell Phone:_____ Cell Phone:_____

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

OR Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Orthopedist: _____ Phone: _____

Dentist: _____ Phone: _____

Primary Medical Insurance Company or Plan: _____

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

Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

Date Received by coach _____ Coach Initials _____