

BOYERTOWN ATHLETIC DEPARTMENT EMERGENCY PROCEDURE CARD

Student _____ ID _____ Birth Date _____
Grade _____ Sport _____

In case of emergency, illness or accident to my child, the school is authorized to proceed as follows:

1. Contact Mother at Home Phone _____ Work _____
_____ Print Your Name _____ Cell # _____
2. Contact Father at Home Phone _____ Work _____
_____ Print Your Name _____ Cell # _____
3. Other Contact _____ Phone _____
4. Family Physician _____ Phone _____
5. Name of Insurance Company _____
6. Name of Employer _____
7. Policy Number _____ /Group Number _____

Take the child to nearest medical facility. I hereby authorize, if circumstances require; the emergency department physician, family physician, or school physician to provide initial examination and treatment. I have filled out the appropriate information on both sides of this card and the best of my knowledge this information is correct.

Signature of Parent or Guardian (over) Date

Check and explain any area that applies to your child:

1. Bee Stings _____ EpiPen _____
2. Allergies: Seasonal _____ Insects _____ Medication _____ Food _____
3. Asthma _____ Convulsions _____ High Fever _____ Epilepsy _____
4. Diabetes _____ Blood Problem _____ Serious Nose Bleeds _____ Stomach Ulcers _____
5. Eyes: Glasses _____ Contacts _____
6. Hearing: Hearing Aid _____ Tubes/Bobbins _____
7. Heart Problem: Murmur _____ Other _____ Restrictions _____
8. Explanations for numbers 1 through 7 _____

9. Date of last Tetanus Booster _____
10. My son/daughter is taking medication. Yes _____ No _____
Name of medication _____