

BOYERTOWN ATHLETIC DEPARTMENT EMERGENCY PROCEDURE CARD

(Updated 6/09)

Student _____ ID _____ Birth Date _____
Grade _____ Sport _____

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

PLEASE PRINT CLEARLY

1. Contact Mother at Home Phone _____ Work _____
Print Mother's Name _____ Cell # _____

2. Contact Father at Home Phone _____ Work _____
Print Father's Name _____ Cell # _____

3. Other Contact _____ Phone _____

4. Family Physician _____ Phone _____

5. Name of Insurance Company _____

6. Name of Employer _____

7. Policy Number _____ /Group Number _____

Check and explain any area that applies to your child:

- Bee Stings _____ EpiPen _____
- Allergies: Seasonal _____ Insects _____ Medication _____ Food _____
- Asthma _____ Convulsions _____ High Fever _____ Epilepsy _____
- Diabetes _____ Blood Problem _____ Serious Nose Bleeds _____ Stomach Ulcers _____
- Eyes: Glasses _____ Contacts _____
- Hearing: Hearing Aid _____ Tubes/Bobbins _____
- Heart Problem: Murmur _____ Other _____ Restrictions _____

Explanations for numbers 1 through 7 _____

Date of last Tetanus Booster _____

My son/daughter is taking medication. Yes _____ No _____

Name of medication _____

Standing Medication Order

The school district's team physician has authorized the administration of the medications below. In order for the Athletic Trainer to administer any of these medications, a parent/guardian must give consent by signing and checking the appropriate box below.

Acetaminophen (Tylenol)

Ibuprofen (Advil)

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 _____

Date _____