

# BOYERTOWN ATHLETIC DEPARTMENT EMERGENCY PROCEDURE CARD

(Updated 5/10)

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 and to the best of my knowledge this information is correct.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date