

**SCHOOLNAME H.S. EMERGENCY CONTACT CARD**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Home telephone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_

**Primary Contact Person:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cellular phone #: \_\_\_\_\_

**Secondary Contact Person:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cellular phone #: \_\_\_\_\_

**Medical information for Athlete:**

Blood Type: \_\_\_\_\_ List any allergies: \_\_\_\_\_

List any special medical conditions: \_\_\_\_\_

List current medications: \_\_\_\_\_

Name of athlete's personal physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Name of insurance carrier: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Name on insurance card: \_\_\_\_\_

Comments: \_\_\_\_\_

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