

**TRI-COUNTY AREA SCHOOL
ATHLETIC EMERGENCY INFORMATION CARD**

SEASON (Fall) _____
(Winter) _____
(Spring) _____

School Year _____

Home Phone _____

As a parent or guardian of _____
(Last Name) (First Name) (Middle Initial)

In case of an emergency occasioned by an accident or injury, I give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Known allergies to drugs and anesthetics _____ Date of Birth _____

Father's Full Name _____

Address _____

Father's Employment _____ Work Phone _____

Mother's Full Name _____

Address _____

Mother's Employment _____ Work Phone _____

Insurance Company & Number _____

Family Doctor _____ Telephone _____

Family Dentist _____ Telephone _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____