

# ALBANY ATHLETIC EMERGENCY INFORMATION CARD

As a parent or guardian of \_\_\_\_\_  
(First) (Middle) (Last)

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

Known allergies to drugs and anesthetics: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Mother's Address \_\_\_\_\_ Work Number \_\_\_\_\_

## EMPLOYMENT:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Which parent should be notified in case of illness or accident? \_\_\_\_\_

**If the school is unable to reach me, the following person is authorized to act in my behalf:**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_