

Sun Valley Magnet School
Athletic Emergency Information Card

Last Name _____ First Name _____ ID # _____

Birthdate _____ Age _____ Grade _____ Sport _____ School Year _____

Address _____

Father's Name _____ Cell # _____

Home # _____ Work # _____

Mother's Name _____ Cell # _____

Home # _____ Work # _____

Medical conditions (i.e., asthma / diabetes)? _____

Any known allergies _____

Any medications currently taking (i.e., ibuprofen)? _____

Any supplements / vitamins currently taking _____

Name of Insurance Company _____

Student-Athlete Email Address _____

Parent Email Address _____

Parent Authorization for Emergency Medical Treatment

Should it be necessary for my child/ward to have medical treatment while participating in this trip/sport, I hereby give the District personnel permission to use their judgment in obtaining medical services for my child/ward and give permission to the physician selected by the District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the District has no insurance covering such medical and hospital costs incurred by my child/ward and therefore any cost for such treatments shall be my sole responsibility.

Parent/Guardian Signature of Approval

Date