

REYNOLDS MIDDLE SCHOOL EMERGENCY CARD FORM

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 Mothers 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 _____

Policy Number _____ /Group Number _____

6. Name of
Employer _____

7. List any special information about the athlete, that is a need to know basis (allergies, asthma, etc):

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 _____