HOWARDS GROVE SCHOOL DISTRICT ATHLETIC EMERGENCY INFORMATION CARD

| Year in School ☐ 5 ☐ 6 ☐ 7 ☐ 8 | | | |
|---|-------------|--------------|---------------------------------------|
| As a Parent/Guardian of | | | |
| | (Last Name) | (First Name) | (Middle) |
| In case of an emergency occasi to needed medical attention by | | | nave the respective coach consent |
| Known allergies to drugs and a | nesthetics | | |
| Date of Birth | Home | Home Phone | |
| Father's Full Name | Address | | |
| Father's Employment | | Work Phone | |
| Mother's Full Name | Addres | ss | |
| Mother's Employment | | Work Phone | |
| Insurance Company & Number | | | |
| Family Doctor | | Telephone | |
| Family Dentist | | Telephone | |
| Parent/Guardian Signature | | Dated | · · · · · · · · · · · · · · · · · · · |