

PARK COUNTY SCHOOL DISTRICT
Athletic Emergency Card

Athlete		Phone	
Address	City	Zip	
Age	Grade	Height	Weight
Allergies			
Previous Injuries			
Family Doctor		Phone	
Insurance Policy		Number	
Mother	Father		
Home Phone	Home Phone		
Work Phone	Work Phone		
Cell Phone	Cell Phone		
Other Emergency Number			

I Hearby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician or hospital emergency room in the event that I/We cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

Parent/Guardian

Date