

COACHES MUST TAKE THIS CARD TO ALL ATHLETIC EVENTS

ALVORD U.S.D ATHLETIC EMERGENCY CARD

STUDENT'S NAME _____ GRADE _____

ADDRESS _____ BIRTHDATE _____

HOME PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

District policy in case of ACCIDENT or ILLNESS provides for temporary first aid and notification of parents.

PARENT/GUARDIAN _____ NAME AND ADDRESS OF BUSINESS _____ BUSINESS PHONE _____

Friend or relative to be contacted if parents cannot be reached: (LIST TWO)

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

In case of emergency, please contact:

MEDICAL PROVIDER _____ NAME OF PHYSICIAN _____ PHONE NUMBER _____

Personnel of the SCHOOL DISTRICT are authorized to use their discretion to secure the necessary emergency medical services for my child.
SIGNATURE of PARENT/GUARDIAN _____ DATE _____
➤ Please list any existing medical conditions: _____

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