

FARMINGTON HIGH SCHOOL ATHLETICS - EMERGENCY CARD

Student's Name _____ Grade _____

Date of Birth _____

Address _____ Phone _____

Parent/Guardian _____ Phone _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

In Case of Emergency
First Call _____ Phone _____

If Above Cannot Be Located:
1st Choice _____ Phone _____

2nd Choice _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital of Choice: _____

PLEASE IDENTIFY ANY MEDICAL PROBLEMS THAT MAY BE PERTINENT IN AN EMERGENCY SITUATION

EMERGENCY MEDICAL AUTHORIZATION

PART I

In the event that reasonable attempts to contact me (Parent/Guardian) or the other names listed have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by the available licensed physician or dentist.

Date _____

Signature of Parent/Guardian

IF YOU DO NOT COMPLETE PART I ABOVE, IT IS IMPERATIVE THAT YOU COMPLETE PART II BELOW

PART II

I DO NOT give consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to:

Date _____

Signature of Parent/Guardian