

Neenah Joint School District
ATHLETIC EMERGENCY INFORMATION CARD

As a parent or guardian of _____
(Last Name) (First Name) (Middle Initial)

My child has _____ Medical condition. Specific recommendations related to his/her medical condition are the following:

EMAIL Address: _____
Father/ Guardian Mother /Guardian

I will keep the coaching staff informed as to any changes or updates related to my child's medical condition and/or care throughout the year. In case of an emergency occasioned by an accident or injury, I give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Known allergies to drugs and anesthetic

Date of Birth: _____ Home phone: _____

Father's full name: _____ Address: _____

Father's employment: _____ Work phone: _____

Mother's full name: _____ Address: _____

Mother's employment: _____ Work phone: _____

Insurance company and number : _____

Family Doctor : _____ Telephone : _____

Family Dentist: _____ Telephone : _____

Parent or Guardian Signature _____ Date : _____

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(Last Name) (First Name) (Middle Initial)

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Father/ Guardian Mother /Guardian

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Father's employment: _____ Work phone: _____

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Mother's employment: _____ Work phone: _____

Insurance company and number : _____

Family Doctor : _____ Telephone : _____

Family Dentist: _____ Telephone : _____

Parent or Guardian Signature _____ Date : _____