



OESJ CENTRAL SCHOOL DISTRICT

INTERSCHOLASTIC SPORTS MEDICAL EMERGENCY CARD

Athlete Name _____ Age _____ Birthdate _____

Address _____

Home Number _____ Cell Phone Number _____

Insurance Company Name _____

Insurance Policy # _____ Group # _____

In case of an injury and I cannot be reached, please take my child to:

HOSPITAL _____ Doctor _____

Is your child allergic to any medications _____ Name of Medication _____

Is your child NOW taking any medications _____ Name of Medication _____

Is there any medical/surgical problem that has occurred since their last sports physical? _____

If yes, explain _____

We the parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Parent/Guardian Signature _____ Date _____