

WOOD RIVER MIDDLE SCHOOL
Athletic Emergency Information Card

Student Athlete Name:	Birth Date:	Age:
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Father's Name:

Email:

Mailing Address:

Street Address:

Home Phone:	Cell Phone:	Work Phone:
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Mother's Name:

Email:

Mailing Address:

Street Address:

Home Phone:	Cell Phone:	Work Phone:
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****IN CASE OF ILLNESS OR INJURY, THE COACH SHOULD NOTIFY****

Name:	Relationship:
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Home Phone:	Cell Phone:	Work Phone:
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In case of extreme emergency, illness or injury, and my child's coach is unable to make contact with any individual listed above, I authorize said coach to call 911 and transport my child to the nearest emergency room.

Signature: _____ Date: _____

Please List Allergies:

Family Physician:	Phone:
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Family Health Insurance Plan:	Policy Number:
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Please note any health issues that a coach should be aware of:

