

Please Print

Year: _____

SOUTH BEND COMMUNITY SCHOOL CORPORATION

Sport: _____

STUDENT-ATHLETE EMERGENCY INFORMATION CARD

Name _____ Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name _____ Home Phone _____

Address _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

If parents cannot be contacted, call _____

Family Physician _____ Name _____ Phone _____

Preferred Hospital _____ Known Allergies/Conditions: _____

Consent is given for school personnel to use their judgement in securing medical aid in the event parents cannot be contacted. _____ Yes _____ No

Date _____ Parent/Guardian Signature _____

This form will be used throughout the student's enrollment in a South Bend Community School Corporation School. Changes must be requested in writing by the parent/guardian.