

PACERS

HINSDALE SCHOOL DISTRICT EMERGENCY MEDICAL CARD

Appendix B- ****Please note: If any of this information changes during the school year, please contact the Athletic Director and Coach as soon as possible.*

Athlete Name: (print) _____ D.O.B _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above named student. In the event of serious illness, significant accidental injury, or the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the quickest way possible. If physician is not able to communicate with me the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, every effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the coach to provide the needed emergency treatment to the athlete prior to admission to the medical facilities.

(Print) _____ Date _____
Name of Parent

Signature of Parent or Guardian _____ Date _____

Work Phone: _____ Home: _____ Cell: _____

Relative or Friend if parent unavailable _____

Home phone: _____ Cell Phone: _____

Family Physician: (print) _____ Phone: _____

Address of Physician _____

Insurance Company: _____ Group No. _____

Policy No. _____

Are you allergic to any drugs? _____ Please list: _____

Do you have any other allergies? _____ Please list: _____

If yes, do you take any medications for it? _____ Please list: _____

Do you need to carry any medications on you at all times? _____ Please list: _____

Are you on any other medications? _____ Please list: _____

Do you wear contacts? _____ Do you have any previous injuries, illnesses, surgeries, or chronic conditions? If yes, please explain:

Please note any other medical information a coach or emergency personnel needs to know to insure the best possible care can be given for the athlete named above. Please use the back of this paper for additional information.