



# PARADISE ISD ATHLETIC EMERGENCY INFORMATION CARD

**Athlete's Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_  
Please Print Last First Middle

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E:Mail:** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**In the event parents cannot be reached, call: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**OR Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Medical Insurance Company or Plan:** \_\_\_\_\_

**Policyholder:** \_\_\_\_\_ **Member ID No.** \_\_\_\_\_

**Group No.** \_\_\_\_\_ **Hospital Preference:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Please answer Yes or No

Epileptic \_\_\_\_\_ Diabetic \_\_\_\_\_ Asthmatic \_\_\_\_\_ Cardiac Problems \_\_\_\_\_ Contact lenses \_\_\_\_\_ EpiPen \_\_\_\_\_ Medications \_\_\_\_\_

**Please list all previous serious illnesses, injuries, hospitalizations, and surgeries within the past 5 years**

You have my permission to take whatever action is deemed necessary for the health and welfare of my child. I agree to notify the Athletic Director immediately if my child develops an illness or injury during the season, which would affect his or her ability to participate in any practices or contests

**Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Admin/Coaches Only:**

\_\_\_\_ Emerg. Info    \_\_\_\_ Drug Testing Form    \_\_\_\_ Cardiac Arrest Form    \_\_\_\_ Concussion Form  
\_\_\_\_ Steroid Use Form    \_\_\_\_ Rules/Policies    \_\_\_\_ Extra. Code of Conduct    \_\_\_\_ Physical