

**APPENDIX C
WOODSTOCK ACADEMY ATHLETIC DEPARTMENT
EMERGENCY MEDICAL CARD**

If serious illness or injury occurs, the student's parents or legal guardians will be contacted. For this reason, it is important to have on file the parent's address and phone number. Moreover, if the student's parents or legal guardians cannot be reached, it is important to have authorization to administer appropriate medical or dental action which might include anesthesia. With this in mind, please complete the section below.

In the event of illness or injury, if it is not possible for the hospital or the school to contact me, my permission is given for necessary medical or dental intervention and, if necessary, the administration of anesthesia, for my son/daughter.

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date

Coaches should always have emergency information available about their athletes. As a parent, it is your responsibility to make sure this information is available for your children's coaches. These emergency cards should be readily available at all practices and games.

Student Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Mother's Name: _____

Telephone: (H) _____ (W) _____ (C) _____

Insurance Carrier: _____ Policy #: _____

Family MD: _____ Telephone: _____

Orthopedic MD: _____ Telephone: _____

Dentist: _____ Telephone: _____

Please list any allergies to medications, etc: _____

Has your child been prescribed an inhaler or epipen? _____

Is your child taking medication? _____ If so, list: _____

Date of last tetanus shot: _____ Does your child wear contact lenses? _____

Please list any significant health problems that may be useful to a physician evaluating your child in case of emergency: _____

In the case that the parent or guardian cannot be contacted please list another individual we may contact:

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (C) _____