

ATHLETIC EMERGENCY MEDICAL CARD

Club Copy

South Coast Warriors Track & Field Club
Bourne, Massachusetts

Season Year 20 ____

Membership ID # _____

PLEASE PRINT OR TYPE

Sport _____

Athlete's Name _____
(Last) (First) (Middle)

Home Address _____

Mailing Address _____

Parents'/Guardians'

Primary Contact Name _____
Home Phone # _____
Work Phone # _____
Cell/Pager Phone # _____

Secondary Contact Name _____
Home Phone # _____
Work Phone # _____
Cell/Pager Phone # _____

School _____ Grade _____

Age ____ Date of Birth _____ Family Doctor _____ Doctor's Phone # _____

Is English the primary language spoken in your home? Yes ____ No ____
If not, please specify the primary language: _____

List two neighbors or nearby relatives who have your permission to assume temporary care of your child if you cannot be reached. Please indicate home or work number.

1. Name _____ Phone # _____
Address _____

2. Name _____ Phone # _____
Address _____

In case of an accident or serious illness, I request the club to contact me. If the club is unable to reach me, I hereby authorize the South Coast Warriors Track & Field Club to arrange transportation to and treatment of my child at the emergency room of the nearest hospital, or if outside of the country, to the nearest facility where medical treatment is available.

List any allergies that your athlete has: _____

List any medical conditions of which your club should be aware: _____

List medications that your athlete takes on a regular basis: _____

Remarks: _____

Signature of Parent or Guardian

Date

Throughout the year, photographs of athletes may be used to promote athletic activities unless otherwise indicated in writing by the parents or guardians.

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