

**RHS EMERGENCY INFORMATION CARD**

Student's Name \_\_\_\_\_ Sport \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Where parents can be reached if not at home – Work \_\_\_\_\_

Cell I \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

*Alternate people to notify – List two neighbors or relatives who will assume temporary care and who may authorize or refuse medical treatment for your child in case you cannot be reached.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child allergic to bee stings?                    Y        N

Is your child allergic to any medications?            Y        N

Does your child have Asthma?                            Y        N

If yes, is a medicated inhaler required?              Y        N

List any special health/medical conditions that an attending medical person should be aware of, i.e., heart murmur, diabetes, etc.

\_\_\_\_\_  
\_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Orthopedist \_\_\_\_\_ Office Phone \_\_\_\_\_

*If emergency treatment is required and none of the above can be contacted, can the school authorities use their own judgment in sending the child to the hospital or doctor most easily accessible, or make whatever arrangements are necessary?            Yes \_\_\_\_\_ No \_\_\_\_\_*

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_