

**MUSKEGO MIDDLE SCHOOL
ATHLETIC EMERGENCY INFORMATION CARD**

(PLEASE PRINT)

SPORT _____

Participant's Last Name _____ First Name _____ MI _____

Gender _____ DOB _____ Age _____ Grade _____

Parent's Name _____ Home Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

Father's Place of Work _____ Phone _____

Mother's Place of Work _____ Phone _____

Family Doctor _____ Phone _____ Family Dentist _____ Phone _____

IF ATHLETE IS ILL/HURT AND PARENTS ARE NOT AVAILABLE CONTACT:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Do any of the following conditions apply: Heart Disease ___ Allergies ___ Asthma ___ Other _____

If so, give special instructions for care/medication: _____

We authorize the Muskego-Norway School District representative to provide and secure any medical assistance on behalf of my son/daughter. We authorize these individuals to discuss my son/daughter's medical condition with other health care personnel, with whom we deem appropriate. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility (hospital) and the EMF to treat the condition in the event that we are physically unable to give consent ourselves.

Date: _____ Signature of Parent/Guardian: _____