

WEST YORK AREA SCHOOL DISTRICT
INTERSCHOLASTIC ATHLETICS
EMERGENCY CARD FOR ATHLETES

SPORT: _____

GRADE: _____

THIS EMERGENCY PAGE WILL BE CARRIED BY THE COACH OF THE SPORT THEY ARE PARTICIPATING IN.

Athlete Name: _____

School: _____

Telephone: _____

D.O.B.: ____ / ____ / ____

Address: _____

City, State, Zip: _____

In case of accident or emergency, please contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Telephone: Home: _____

Telephone: Home: _____

Work: _____ Cell: _____

Work: _____ Cell: _____

Pertinent Medical Information (Conditions, Allergies, Medications, etc.) emergency personnel might need to know in the unlikely event of an emergency:

Medical Insurance Carrier: _____ Policy #: _____

Family Physician: _____ Telephone: _____

Family Dentist: _____ Telephone: _____

YORK AREA HOSPITAL PREFERENCE (please circle):

Hanover York Memorial Hershey Medical Center Lancaster Any Hospital

PERMISSION TO TREAT

In the event of an emergency requiring medical attention, I hereby grant permission for the district physicians, athletic trainers, or coaches to give first aid treatment and to use his/her own judgment in securing medical aid and ambulance services in case the parents/guardians cannot be reached or time does not permit notification before emergency treatment must be rendered. Permission is hereby granted to an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

I hereby certify that to the best of my knowledge all of the information herein is true and complete and I further grant "Permission To Treat" in the event of an emergency.

Signature of Parent/Guardian

Date