

# PIAA<sup>®</sup>



*Promote, Protect and Conserve...*

## **Emergency Card for Athletes**

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- \* Emergency card/authorization for each athlete must accompany the athlete at all times.
- \* The card for each athlete should be carried in the first-aid kit for each sport.
- \* The card for each athlete should be readily accessible to the coach, trainer, and emergency personnel.
- \* Prior to the start of each sport, the card for each athlete should be reviewed for completeness by the coach/trainer/Athletic Director and any other medical personnel.
- \* Include emergency phone numbers and significant medical history.

*Please complete the information below prior to participation in each sport's season:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Blood Type: \_\_\_\_\_

In case of accident or emergency, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_ Beeper: \_\_\_\_\_

Relationship: \_\_\_\_\_

Pre-Existing Circulatory/Pulmonary Conditions: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Inhalers: \_\_\_\_\_

Allergies or Allergic Reactions: \_\_\_\_\_

Medications Being Used: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Emergency Contact Telephone Number of Family Physician: \_\_\_\_\_

Permission to Treat: \_\_\_\_\_

*Signature of Parent/Guardian*

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