HOWARDS GROVE SCHOOL DISTRICT ATHLETIC EMERGENCY INFORMATION CARD

Year	in Schoo	ol					
9	10	11	12				
As a l	Parent/G	Guardiar	n of				
				(Last Name)	(First Name)	(Middle)	
		-	•	ioned by an accident or injury, y the nearest physician and/or		nave the respective coach consent	
Know	vn allergi	ies to dr	ugs and a	nesthetics			
Date of Birth				Home Phone			
Fathe	er's Full I	Name		Address			
Father's Employment					Work Phone		
Moth	ner's Full	Name_		Addres	s		
Mother's Employment			nt		Work Phone		
Insur	ance Co	mpany &	& Numbe				
Family Doctor					Telephone		
Family Dentist					Telephone		
Parent/Guardian Signature					Dated		