

PLEASANTON MIDDLE SCHOOL
SPORTS EMERGENCY CARD

(Office use)
Cleared _____

Name of Athlete _____ Sport _____

_____ Student ID # _____
(Last) (First) (Middle)

Address _____ Home Phone _____

Grade _____ Birth date _____ Family doctor _____ Phone _____

Mother's Name _____ Home Phone _____ Cell/Work _____

Father's Name _____ Home Phone _____ Cell/Work _____

Emergency Contact _____ Phone _____

Name of Medical Insurance/ID # _____

Medical concerns, Previous Injuries, Allergies _____

Student email address _____ Parent email address _____

I hereby give permission to a physician to administer emergency treatment to the above named student:

(Parent/Guardian Signature) Date _____

You must complete a new emergency card for each sport that you try out for each season.