

Scarsdale High School Interscholastic Sport Emergency Card

Athlete's Name _____ Season _____ 20____
Sport _____

Address _____ Home Tel. _____

Mother's Name _____ Bus. Tel. _____
First Last Cell _____

Father's Name _____ Bus. Tel. _____
First Last Cell _____

If the address of either parent is different from that of the student, please list the other address:

Parent's Name _____ Address _____
Home Tel. _____ Bus. Tel. _____

Emergency Contact Person in the event a parent can not be reached:

1. _____ Tel _____ Relationship _____
2. _____ Tel _____ Relationship _____

Local **Physician** to be called in an emergency: _____ Tel. _____

Local **Dentist** to be called in an emergency: _____ Tel. _____

EMERGENCY PROCEDURE

In an urgent situation, every effort will be made to contact the parent and family physician immediately. In the event that neither can be reached promptly, your permission is required to proceed with emergency care in the rare instance where delay might compromise recovery. If an accident occurs, your child may be taken to the nearest medical facility.

Consent for Emergency Treatment

I hereby authorize the necessary emergency treatment for my child with the understanding that the family will be notified as soon as possible.

(Parent / Guardian Signature)

(Date)