

SCHOOL YEAR _____ JOHN MUIR MIDDLE SCHOOL GRADE _____
ACTIVITIES/ATHLETIC EMERGENCY INFORMATION CARD
MALE ____ FEMALE ____

As a parent or guardian of _____
(last name) (first name) (middle initial)

In case of an emergency occasioned by an accident or injury, I give my permission to have the respective coach/supervisor consent to needed medical attention by the nearest physician and/or hospital.

Known allergies to drugs and anesthetics _____

Date of birth _____ Home Phone _____ Cell Phone _____

Father's full name _____ Address _____

Father's employment _____ Work Phone _____

Mother's full name _____ Address _____

Mother's employment _____ Work Phone _____

Insurance Company & Number _____

Family Doctor _____ Telephone _____

Family Dentist _____ Telephone _____

Emergency Contact _____ Relationship _____ Telephone _____

PARENT OR GUARDIAN SIGNATURE _____ Date _____