

SPORTS PARTICIPATION EMERGENCY MEDICAL CARD

Athlete's Name: _____

Address: _____

Allergies: _____

Parents' Names: _____

Home Phone #: _____ **Date of Birth:** _____

Parents' Cell #: _____

Athlete's Cell #: _____

Permission To Transport To A Hospital: **Yes** **No**

Hospital: _____
Phone #: _____

Doctor: _____
Phone #: _____

Other: _____
Phone #: _____

Permission To Call In Any Licensed Physician: **Yes** **No**

Complete The Appropriate Section:

SECTION I:INSURANCE VERIFICATION

IS COVERED

by hospitalization insurance.

Name of Insurance Company: _____

Employer: _____

SECTION II:INSURANCE WAIVER

IS NOT COVERED by hospitalization insurance.I release the Ontario

Schools from liability of any injuries which my child, may sustain while participating in athletics at Ontario Schools.

I agree this information is correct and current

Parent Signature: _____ **Date:** _____