

SPORTS PARTICIPATION EMERGENCY MEDICAL CARD

Athlete's Name: _____

Address: _____

Allergies: _____

Parents' Names: _____

Home Phone #: _____ Date of Birth: _____

Father's Work: _____ Phone #: _____

Mother's Work: _____ Phone #: _____

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.

parent's initials

I agree this information is correct and current

Parent Signature: _____

Date: _____

MUST
fill out
~~X~~