

# 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

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Complete The Appropriate Section:

## SECTION I: INSURANCE VERIFICATION

\_\_\_\_\_ **IS COVERED** by hospitalization insurance.

Name of Insurance Company: \_\_\_\_\_

Employer: \_\_\_\_\_

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## 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.

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**I agree this information is correct and current**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_