

**BACON ACADEMY
EMERGENCY INFORMATION CARD
To Participate in Athletics**

Student's Name: _____ Birthdate: ____/____/____

Home Phone: _____ Grade: _____

Father's Name: _____ Work Phone: (____)_____ Cell Phone: (____)_____

Mother's Name: _____ Work Phone: (____)_____ Cell Phone: (____)_____

Address: _____

What Sport Are You Participating In: _____

List two relatives or neighbors who will assume temporary care of your child if you cannot be reached (they must drive and be 18 or over).

1. Name: _____ Phone: _____ Work: (____)_____ Cell Phone: (____)_____

2. Name: _____ Phone: _____ Work: (____)_____ Cell Phone: (____)_____

List Any Allergies

List Any Medications

Date: _____

In case of accident, illness or injury: I grant permission for school personnel (including staff from Performance Physical Therapy & Sports Medicine) to administer first aid or secure medical treatment for my child.

Parent/Guardian Signature: _____

STUDENTS' PHYSICIAN: _____ Phone: _____

Return to Coach

(Complete Other Side)