

# HCS SPORTS EMERGENCY CARD 2019 – 2020

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address Zip Code

Male / Female Birth Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

**Medical Information:** List any allergies \_\_\_\_\_

Health Concerns or Medications taken \_\_\_\_\_

Names and phone numbers of all persons, **INCLUDING PARENTS**, permitted to remove this student from school. Please list the order you would like the staff to call (on the left side of the names), if an emergency should arise. This information will also be used for our Disaster Plan.

# \_\_\_\_\_  
Mother / Legal Guardian's Name Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Father / Legal Guardian's Name Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Name Relationship Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Name Relationship Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Name Relationship Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Name Relationship Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Name Relationship Cell Phone Home Phone Work Phone

# \_\_\_\_\_  
Name Relationship Cell Phone Home Phone Work Phone

Readyland/Heritage siblings \_\_\_\_\_

Present Medical Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Present Dentist \_\_\_\_\_

Phone \_\_\_\_\_

List Hospital preference in case of emergency \_\_\_\_\_

List Insurance Group and Policy # \_\_\_\_\_

