

**20\_\_ – 20\_\_ EMERGENCY INFORMATION/TREATMENT RELEASE CARD**

Student Name: \_\_\_\_\_ Year in School: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

Family Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Insurance: \_\_\_\_\_

I realize that there is some risk of injury involved in participating in any athletic event. I also realize I would not be present at all practices and/or events, so in case of an emergency and if I cannot be reached at the above number, I give my permission for medical treatment of the above-named athlete.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date