

Franklin County Technical School Athletic Emergency Information Card

Fall Sport: _____ Winter Sport: _____
Spring Sport: _____

I give my permission to have the respective coach consent to needed medical attention of
Last name: _____ First Name: _____
by the nearest physician and/or hospital In case of an emergency, due to an accident or injury.

Known allergies to drugs and/or anesthetics:

Current Medication: _____

Known significant medical conditions:

Date of birth: _____ Home Phone: _____ Cell Phone(s): _____
Parent/Guardian Signature: _____ Date: _____

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Guardian's full name: _____

Address: _____

Guardian's employer: _____ Work Phone: _____

Guardian's full name: _____

Address: _____

Guardian's employer: _____ Work Phone: _____

Insurance company name and number:

Family doctor: _____ Phone number _____

Family dentist: _____ Phone number _____

Comments:
