

DIVINE SAVIOR EMERGENCY CARD

ATHLETE _____

Parent (s) _____

Phone _____

Cell Phone # _____

Father's Business Phone _____

Mother's Business Phone _____

If parents cannot be reached, please contact

Phone _____

Doctor _____

Phone _____

DIVINE SAVIOR EMERGENCY CARD

ATHLETE _____

Parent (s) _____

Phone _____

Cell Phone # _____

Father's Business Phone _____

Mother's Business Phone _____

If parents cannot be reached, please contact

Phone _____

Doctor _____

Phone _____

Please indicate medical problems, special medications, and any special instructions for emergency care for your child.

Our son/daughter may be given immediate emergency care in case of injury. We agree to assume any costs involved in such emergencies.

Parent/Guardian Signature _____

Student Signature _____

Date _____

Please indicate medical problems, special medications, and any special instructions for emergency care for your child.

Our son/daughter may be given immediate emergency care in case of injury. We agree to assume any costs involved in such emergencies.

Parent/Guardian Signature _____

Student Signature _____

Date _____