

**CENTERVILLE-ABINGTON COMMUNITY SCHOOLS 2011-2012
STUDENT ATHLETE EMERGENCY CARD**

SPORTS: _____

STUDENT'S LAST NAME: _____ FIRST: _____ MI: _____

GENDER: _____ BIRTHDATE: _____ HOME PHONE: _____

ADDRESS: _____ CITY, STATE ZIP: _____

MOTHER'S NAME: _____ CELL PHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL ALERTS/INFORMATION: _____

INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____

I hereby give my permission to the school principal or his/her designee to administer first aid to my child if I am unavailable or otherwise unable to provide authorization directly. In case of a medical emergency, my child may be transported to the hospital. It is understood that all expenses incurred in such situations shall be my responsibility and not the CACS nor any of its Board of Education Members, administration, faculty and other school personnel. This authorization is valid for the current school year or until such time I withdraw the authorization.

PARENT/GUARDIAN SIGNATURE

DATE