

**FARMINGTON HIGH SCHOOL ATHLETICS - EMERGENCY CARD**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency  
First Call \_\_\_\_\_ Phone \_\_\_\_\_

If Above Cannot Be Located:  
1<sup>st</sup> Choice \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

**PLEASE IDENTIFY ANY MEDICAL PROBLEMS THAT MAY BE PERTINENT IN AN EMERGENCY SITUATION**

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**EMERGENCY MEDICAL AUTHORIZATION**

**PART I**

In the event that reasonable attempts to contact me (Parent/Guardian) or the other names listed have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by the available licensed physician or dentist.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**IF YOU DO NOT COMPLETE PART I ABOVE, IT IS IMPERATIVE THAT YOU COMPLETE PART II BELOW**

**PART II**

I DO NOT give consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to:

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Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian