

SPENCER ATHLETIC EMERGENCY CARD - Grade:

Name _____ Date of Birth _____

Parent _____ Telephone # (H) _____

Address _____ (W) _____

Family Doctor _____ Family Dentist _____

Insurance Carrier _____ Policy # _____

Medical History Number (MHN) _____

Last Tetanus Shot Date _____

Major Medical Concerns (**Please check all that apply**):

_____ Cardiac _____ Diabetes _____ Asthma _____ Inhaler

_____ Allergies (explain) - to what _____

Reaction _____

Other Medical Conditions/Injuries _____

Difficulty with Anesthesia _____ Medications _____

Emergency contact if unable to contact parents _____

_____ Phone # _____

I hereby authorize the treatment of my minor child _____
in the event of a medical situation occurring during my absence or
when the hospital or physician(s) are unable to contact me.

Signature of Parent or Legal Guardian _____ Date _____