

WAUSAU WEST HIGH SCHOOL - ATHLETIC DEPARTMENT  
EMERGENCY MEDICAL CARD

ATHLETE'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBERS: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

PLACE OF MEDICAL RECORD: \_\_\_\_\_ FILE #: \_\_\_\_\_

If medical treatment is required, I grant permission for emergency medical treatment for any emergency (injury or illness) occurring during athletic practice or competition.

List any medical conditions which the coach should be aware of: \_\_\_\_\_

Daily Medication? Yes \_\_\_\_\_ No \_\_\_\_\_ What Type: \_\_\_\_\_

Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ What Type: \_\_\_\_\_

DATE: \_\_\_\_\_

(Signature of Parent or Legal Guardian)

Fall Sport \_\_\_\_\_

Cross Country

Dance

Football

Soccer - Boys

Swimming

Tennis - Girls

Volleyball

Winter Sport \_\_\_\_\_

Basketball - Boys

Basketball - Girls

Curling

Dance

Hockey - Boys

Hockey - Girls

Skiing - Alpine

Skiing - Nordic

Wrestling

Spring Sport \_\_\_\_\_

Baseball

Golf

Lacrosse

Soccer - Girls

Softball

Tennis - Boys

Track - Boys

Track - Girls