

## Student Emergency Card

Student Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
Parent Name and Phone # \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
Medical Conditions and Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Emergency Contact Name and Phone # \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Insurance Phone: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Group#: \_\_\_\_\_  
Primary Care Physician Name and Phone # \_\_\_\_\_

### Permission to Treat

As parent or legal guardian of \_\_\_\_\_, I hereby grant permission for any treatment deemed necessary for a condition arising during participation in Orange Charter School athletic activities, including medical or surgical treatment recommended by a Licensed Physician (MD or DO). Treatment may also be given by a Licensed Athletic Trainer (LAT), emergency personnel or a first responder. I understand every effort will be made to contact me prior to treatment. This information may be shared with coaches and/or school administrators as needed. I understand that this information will remain confidential.

Parent Name: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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