

WESO 2019 Emergency Medical Card

This information will be shared with appropriate WESO Board members only in the event of an emergency. If the designated parties on this sheet are not available, I understand appropriate emergency care deemed advisable by WESO Board/Head Coach will be sought. Any special directions appropriate to my child have been checked and noted on this sheet.

Student's Name: _____ Gender: M F
last first (**Print** legal name)

Address: _____
street city zip code

Date of Birth: Month-day-year (i.e. 9-1-89) _____ Grade: _____

Which School(s) do you attend? _____

Parent or Guardian's Name: _____ Home Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contact Name: _____ Contact's Phone: _____

Family Physician: _____ Physician's Phone: _____

Preferred Hospital: _____

Dentist: _____ Dentist's Phone: _____

Family Health Insurance Company/Contract & Policy Numbers:

Place an "X" in the appropriate box, specify where indicated, and sign your name:

- Religious objections to physician contact
- Contact lens / glasses
- Bone / joint condition
- Diabetes
- Heart condition
- Seizure disorder
- Hypertension
- Asthma

- Life threatening allergies (reaction?)
- 1. Medicine/Drug (specify)
- 2. Food (specify)
- 3. Insect (specify)
- 4. Other (specify)
- None known

- Medications needed or used? (specify)
- Other conditions or problems? (specify)
- Special blood condition? (specify)

Signature: _____ Date: _____
(Parent or Guardian)