

# WESO 2023 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: \_\_\_\_\_  
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: \_\_\_\_\_

Parent/Guardian 1 Cell Phone: \_\_\_\_\_ Parent/Guardian 2 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)