



AD Clearance \_\_\_\_\_

# District 279 Athletic Emergency Information Card

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_ School Year \_\_\_\_\_

Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1) Parent/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ E-Mail Address: Home \_\_\_\_\_ Work \_\_\_\_\_

2) Parent/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ E-Mail Address: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Information: (other than parent/guardian)

Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Limitations and/or Allergies \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)