

2011-12 Minnetonka Sports Activity Emergency Card

Date: _____ Activity: _____

Student Full Name: _____ Gender: F or M

Date of Birth: _____ Grade: _____ School: _____ Phone(H): _____

Home Address: _____ City/ST/Zip: _____

Mother's/Guardian Full Name: _____ Phone (W/C) _____

Father's/Guardian Full Name: _____ Phone (W/C) _____

Non-parent in case of emergency: _____ Phone: _____

Medical History: Diabetes Allergies Seizure Disorder Asthma

Please explain if you check any of the boxes above: _____

Please describe any other medical concerns we should know about regarding this student:

Family Doctor: _____ Dr. Phone _____

Hospital: _____ Hospital Phone: _____

Insurance Carrier: _____ Policy No.: _____

I have reviewed all the information provided and I certify all above are true and accurate and I approve participation in the above mentioned activity: _____

(parent/guardian signature)