

Fall Creek School District Athletic Emergency Card

Last Name:		First Name:		M.I.:
Home Telephone:		Mailing Address:		Zip:
Sex: Male Female	Birth Date: Month Day Year		School Year	Grade
Male Head of Household:			Phone:	
Female Head of Household:			Phone:	
<i>In case of sudden illness or injury the school requires alternate contact if parents cannot be reached.</i>				
Name of Alternate Contact:			Phone:	
Family Doctor:			Phone:	
Hospital:			Phone:	
Unusual Health Conditions:				
Explain, including medications:				
<i>In case of an emergency, the school will call an emergency squad to deal with the situation.</i>				
Legal Signature of Father/Guardian		Legal Signature of Mother/Guardian		

Fall Creek School District Athletic Emergency Card

Last Name:		First Name:		M.I.:
Home Telephone:		Mailing Address:		Zip:
Sex: Male Female	Birth Date: Month Day Year		School Year	Grade
Male Head of Household:			Phone:	
Female Head of Household:			Phone:	
<i>In case of sudden illness or injury the school requires alternate contact if parents cannot be reached.</i>				
Name of Alternate Contact:			Phone:	
Family Doctor:			Phone:	
Hospital:			Phone:	
Unusual Health Conditions:				
Explain, including medications:				
<i>In case of an emergency, the school will call an emergency squad to deal with the situation.</i>				
Legal Signature of Father/Guardian		Legal Signature of Mother/Guardian		

Fall Creek School District Athletic Emergency Card

Last Name:		First Name:		M.I.:
Home Telephone:		Mailing Address:		Zip:
Sex: Male Female	Birth Date: Month Day Year		School Year	Grade
Male Head of Household:			Phone:	
Female Head of Household:			Phone:	
<i>In case of sudden illness or injury the school requires alternate contact if parents cannot be reached.</i>				
Name of Alternate Contact:			Phone:	
Family Doctor:			Phone:	
Hospital:			Phone:	
Unusual Health Conditions:				
Explain, including medications:				
<i>In case of an emergency, the school will call an emergency squad to deal with the situation.</i>				
Legal Signature of Father/Guardian		Legal Signature of Mother/Guardian		

Fall Creek School District Athletic Emergency Card

Last Name:		First Name:		M.I.:
Home Telephone:		Mailing Address:		Zip:
Sex: Male Female	Birth Date: Month Day Year		School Year	Grade
Male Head of Household:			Phone:	
Female Head of Household:			Phone:	
<i>In case of sudden illness or injury the school requires alternate contact if parents cannot be reached.</i>				
Name of Alternate Contact:			Phone:	
Family Doctor:			Phone:	
Hospital:			Phone:	
Unusual Health Conditions:				
Explain, including medications:				
<i>In case of an emergency, the school will call an emergency squad to deal with the situation.</i>				
Legal Signature of Father/Guardian		Legal Signature of Mother/Guardian		