Fall Creek School District Athletic Emergency Card				Fall Cree	Fall Creek School District Athletic Emergency Card			
Last Name:	First Name:		M.I.:	Last Name:	· · · · · · · · · · · · · · · · · · ·			
Home Telephone: Mailing Address:		Zip:	Home Telephone:	Home Telephone: Mailing Address:		Zip:		
Sex: Male Female	Birth Date: Month Day Year	School Year	Grade	Sex: Male Female	Birth Date: Month Day Year	School Year	Grade	
Male Head of Household:		Phone:	•	Male Head of Household:		Phone:	•	
Female Head of Household:		Phone:		Female Head of Household:	Female Head of Household:		Phone:	
In case of sudden illness	or injury the school requires alternate cont	act if parents cannot	be reached.	In case of sudden illness of	or injury the school requires alternate contact	ct if parents cannot be i	reached.	
Name of Alternate Contact:				Name of Alternate Contact:	Name of Alternate Contact:		Phone:	
Family Doctor:		Phone:		Family Doctor:	Family Doctor:		Phone:	
Hospital:		Phone:		Hospital:	Hospital:		Phone:	
Unusual Health Conditions:				Unusual Health Conditions:	Unusual Health Conditions:			
Explain, including medications:				Explain, including medications:	Explain, including medications:			
In case of an emergency, the school will call an emergency squad to deal with the situation.				In case of an emerg	In case of an emergency, the school will call an emergency squad to deal with the situation.			
Legal Signature of Father/Guardian  Legal Signature of Mother/Guardian				Legal Signature of Father/Guardian	Legal Signature of Father/Guardian  Legal Signature of Mother/Guardian			
Fall Creek School District Athletic Emergency Card  Last Name: IFirst Name: IM.I.:					Fall Creek School District Athletic Emergency Card			
Last Name:		M.I.:	Last Name:	Last Name: First Name:		M.I.:		
Home Telephone:	elephone: Mailing Address:		Zip:	Home Telephone:	ne Telephone: Mailing Address:		Zip:	
Sex: Male Female	Birth Date: Month Day Year	School Year	Grade	Sex: Male Female	Birth Date: Month Day Year	School Year	Grade	
Male Head of Household:				Male Head of Household:	Male Head of Household:		Phone:	
Female Head of Household:				Female Head of Household:	Female Head of Household:		Phone:	
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