

MORRIS SCHOOL DISTRICT
EMERGENCY CARD

Sport _____

Grade _____

STUDENT'S NAME _____ Birth Date _____

Address _____ Home phone _____

Mother's Name _____ Cell _____ Business _____

Father's Name _____ Cell _____ Business _____

In case of illness, please list names and telephone numbers to be called in emergency if parent cannot be reached.

Name	Address	Phone
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Name	Address	Phone
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In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given immediate medical care at a hospital or other medical/dental facility.

Doctor's Name _____ Phone _____

Date _____ Parent Guardian _____

The Athletic Department will use the Honeywell Instant Alert System to notify athletes and their parents of cancellations or schedule changes due to weather. Please update your profile accordingly. Thank you.

TO BE COMPLETED BY PARENT AND KEPT ON FILE IN THE TRAINER'S/COACHES OFFICE.

Chronic Medical/Orthopedic Conditions _____

Explain _____

Allergies _____

Medication Taken Daily _____

Other Comments _____

Date of Physical _____

Parent/Guardian Signature _____