

Last Name _____ Grade _____ Social Security # _____ ID # _____ Date _____ Sport _____

Plano East Student Athlete Emergency Card

Student's Legal Name _____ Last _____ First _____ Middle Initial _____
 Familiar Name or Nickname _____

Address _____ Street _____ Apt. _____ City _____ Zip Code _____
 Area Code _____ Home Phone _____

Birthdate ____/____/____ Grade _____ Male Female Race _____

IMPORTANT HEALTH INFORMATION: Please list health conditions, allergies (drug or food, etc.), daily medications and medical history.

PLEASE FURNISH THE FOLLOWING INFORMATION IN CASE OF ACCIDENT OR SUDDEN ILLNESS:

Father Name	Lives with Father <input type="checkbox"/>	Mother Name	Lives with Mother <input type="checkbox"/>	Step-Parent or Guardian Name	Lives with <input type="checkbox"/>
Employer		Employer		Employer	
Work Phone ()		Work Phone ()		Work Phone ()	
Cell Phone ()		Cell Phone ()		Cell Phone ()	
Pager ()		Pager ()		Pager ()	
Email/Fax No.		Email/Fax No.		Email/Fax No.	
(Enter information below if different than student)		(Enter information below if different than student)		(Enter information below if different than student)	
Home Address _____		Home Address _____		Home Address _____	
Phone () _____		Phone () _____		Phone () _____	

List TWO persons who will assume temporary care of your child if you cannot be contacted.

Name & Relationship	Phone () _____
Name & Relationship	Phone () _____

****PLEASE COMPLETE THE OTHER SIDE OF THIS FORM****