

GREENFIELD PUBLIC SCHOOL ATHLETIC DEPARTMENT

EMERGENCY MEDICAL CARD
(To be carried to all games and practices)

Last Name	First Name	M.I.
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Address	Town	State	Zip
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First Parent Contact	Home Phone #
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Work Phone #

Second Parent Contact or Other	Home Phone #
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Work Phone #

List all known allergies _____

List any known physical conditions _____

List any medicines student is taking _____

List any allergies to medicine _____

Child's primary physician _____ Phone # _____

In the event of an injury that the coach or athletic director deems necessary to activate E.M.S., your signature below gives permission to the Emergency Department personnel to treat your child in a reasonable and prudent nature.

Parent's Signature	Date
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(These emergency medical cards will be kept on file for the current school year. If any information on this card changes during the year, please contact the Athletic Department for a new form.)