**\*\*\*\*\*\*\*\*\*\*\*IMPORTANT INFORMATION\*\*\*\*\*\*\*\*\*\*\*\***

**PLEASE SEND DOCTOR’S MEDICAL REPORT TO THE NURSE AS SOON AS EXAMINATION IS COMPLETED. THIS WILL AVOID PROBLEMS WITH WORKING PAPERS, SPORTS, AND STATE REQUIRED 10TH GRADE MEDICAL EXAMINATION.**

**ALL COACHES MUST HAVE AN EMERGENCY CARD FOR ALL STUDENTS PARTICIPATING IN THEIR SPORT. PLEASE COMPLETE, SIGN, AND RETURN TO THE COACH THE FORM BELOW ONE WEEK PRIOR TO THE START OF ALL SPORTS.**

**SOUTH HIGH SCHOOL INTER-SCHOLASTIC**

**EMERGENCY CARD**

**STUDENTS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE\_\_\_\_\_\_**

LAST FIRST

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MOTHER FATHER

**PHYSICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE #\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPORT: FALL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **WINTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SPRING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**