

Pinnacle Charter School
Athletics Emergency Card

Fall 2011 - 2012

Please PRINT.

Child's Name: _____

Age: _____ Date of Birth: _____

Parent/ Guardian's Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Alternate Contact's Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Alternate Contact's Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Medical Conditions: _____

Allergies: _____

Current Medications: _____

Family Doctor: _____

Family Doctor's Phone Number: _____

Preferred Hospital: _____

Additional Notes: _____

Emergency Cards must be kept on file for the season. A NEW card must be completed for each sport.