

- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the coach, trainer, and emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed for completeness by the coach/trainer/Athletic Director and any other medical personnel.
- Include emergency phone numbers and significant medical history.

Please complete the infor	mation below prior to parti	cipation in each sport's se	ason:	
Name:				····
Address:				<del> </del>
			<u> </u>	
Telephone:				· · · · · · · · · · · · · · · · · · ·
In case of accident or em				
Address:		· · · · · · · · · · · · · · · · · · ·		
Telephone: (H)	(W)	Cell:	Beeper:	
Relationship:				· • ·
Pre-Existing Circulatory/P	Pulmonary Conditions:			
Diabetes:				
Inhalers:				
Allergies or Allergic Reac	tions:	·	·	. ,
Medications Being Used:	•			
Date of Tetanus Immuniz				•
Emergency Contact Telep	phone Number of Family P	hysician:		
Permission to Treat:		Signature of Parent/Gua	ırdian	

## **Lebanon Revolution Youth Soccer**

**Emergency Card for Athletes**