

SPORT \_\_\_\_\_

**Stoneham Public Schools  
Department of Athletics**

***EMERGENCY CONTACT CARD***

Name of Athlete: \_\_\_\_\_

(Please Print)

1. **Parent/Guardian:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

2. **Alternate Parent/Guardian:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

3. **Alternate Emergency Contact Person:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Currently under any medications and if so what medications: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

In case of an emergency injury or illness to my son/daughter while participating in sports at Stoneham High School, I give permission to the athletic trainer's, EMT's and/or hospital facility to render necessary emergency care.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_