

SOUTHWEST HIGH SCHOOL

MINNEAPOLIS PUBLIC SCHOOLS ATHLETIC EMERGENCY CARD

(PLEASE PRINT IN BLUE OR BLACK INK)

Athlete Grade: _____ School ID# _____ SPORT: _____

Name: _____ Birth date: ____/____/____

Address: _____ ZIP _____ Month/Date/Year

EMAIL: _____ School ID# _____

Phone: _____ Cell: _____

Parent/Guardian: (person to be notified in case of emergency)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

EMAIL: _____

Alternate Person to Notify:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Family Physician: _____

Insurance (type/number) _____

Phone: _____ Hospital: _____