

**MINNEAPOLIS PUBLIC SCHOOLS**

**ATHLETIC EMERGENCY INFORMATION CARD**

**NAME** \_\_\_\_\_

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

**PARENT/GUARDIAN (Person to be notified in case of emergency)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**ALTERNATE PERSON TO NOTIFY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**FAMILY PHYSICIAN** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**HOSPITAL** \_\_\_\_\_