

**MINNEAPOLIS PUBLIC SCHOOLS**  
**School Copy**  
**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** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_ **POLICY NUMBER** \_\_\_\_\_

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