

# SPORT EMERGENCY CLEARANCE CARD

STUDENT'S NAME \_\_\_\_\_ SCHOOL Kenai Middle School

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_ FRIEND OR RELATIVE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

PERSON'S NAME \_\_\_\_\_  
INSURANCE IS UNDER \_\_\_\_\_

List any physical handicaps and/or prescribed medication which may influence the performing abilities  
of this student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_