

South Glens Falls High School  
**ATHLETE EMERGENCY CLEARANCE CARD**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Last First*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached \_\_\_\_\_ Phone \_\_\_\_\_

In the event of a medical emergency, I give my permission for \_\_\_\_\_  
*Name*

to receive emergency medical transportation and treatment at the nearest medical facility.

\_\_\_\_\_  
*Signature - Parent or Guardian*

Please indicate below any medicine or treatment which **SHOULD NOT** be used.

\_\_\_\_\_