

**MINNEAPOLIS PUBLIC SCHOOLS  
ATHLETIC EMERGENCY INFORMATION CARD**

**ATHLETE 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:** \_\_\_\_\_ **Medical Insurance:** \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

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