

Emergency Medical Sheet  
Saginaw Valley State University Cardinal Sport Camps

Sport: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone Numbers: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Person to Contact in an Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any allergies, prescriptions or medical conditions we should be aware of: YES NO

If YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give Parental Consent for first aid by a Saginaw Valley State University Athletic Trainer on duty. Also Consent for Emergency Transportation by ambulance and Emergency Room care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_

**\*\*\*\*Please send a photocopy of insurance card\*\*\*\***