

**MENOMONIE HIGH SCHOOL STUDENT ACTIVITIES
EMERGENCY CARD**

Participant: _____ Grade: _____

Address: _____

Contact Email: _____ Home Phone: _____

Name of Parents(s) / Guardian(s):

_____	Work Phone	_____
	Cell Phone	_____
_____	Work Phone	_____
	Cell Phone	_____

(Over)

List below any known medical conditions or allergies that we should be aware of. Please include all medications that he / she is taking: _____

In the event an authorized parent / guardian cannot be contacted, the undersigned authorizes representative(s) of Menomonie High School to admit: _____
Name of Participant
for emergency medical service by medical personnel.

The undersigned also, for and in consideration of the hospital and / or emergency care given to the above participant, hereby guarantees payment of the expense of said care.

Parent / Guardian Signature: _____

Date: _____ Any changes to the above information should be immediately reported to the activities office (Over)