JA Intramural Sports

Athletic Emergency Card

Participant's Name: _____

Emergency Contact 1

Name | Relationship to Participant | Phone

Emergency Contact 2

Name | Relationship to Participant | Phone

Emergency Contact 3

Name | Relationship to Participant | Phone

Significant Health Concerns, Daily Medications, and Emergency Medications:

_____

_____

_____ By checking on the line, I understand that Jefferson Academy and Jefferson County Schools do not provide any accident or health insurance coverage for students while participating in interscholastic or intramural athletics. It is the parent/guardian's responsibility to provide insurance coverage for his/her child.

_____ _____ _____

Parent/Guardian Printed Name | Signature | Date