



DeSoto Activity Emergency Card

Sport/Activity: _____

Name: _____ **Grade:** _____ **Date of Birth:** _____ **SSN:** _____

Address: _____

Mother: _____ **Contact #:** _____ **Father:** _____ **Contact #:** _____

Insurance Co. _____ **Policy #** _____

Allergies _____

In case of emergency, I request that my child be taken to _____ Hospital. If the school or Hospital is unable to contact me, I hereby authorize the school and / or hospital to treat my child as they deem necessary.

Signature of parent or guardian: _____ Date _____