

ATHLETIC EMERGENCY MEDICAL CARD

Charles County Public Schools
La Plata, Maryland 20646

School Year 20 ___ - 20 ___

Universal ID# _____
(school will complete)

PLEASE PRINT OR TYPE

Student's Name _____
(Last) (First) (Middle)

Home Address _____

Mailing Address _____

Parents'/Guardians'

Primary Contact Name _____
Home Phone # _____
Work Phone # _____
Cell/Pager Phone # _____

Secondary Contact Name _____
Home Phone # _____
Work Phone # _____
Cell/Pager Phone # _____

School _____ Homeroom _____ Grade _____

Age _____ Date of Birth _____ Family Doctor _____ Doctor's Phone # _____

List names and grades of brothers/sisters who attend schools in the Charles County Public School system.

<u>NAME</u>	<u>GRADE</u>	<u>SCHOOL</u>
_____	_____	_____

