



Jackson Area Home Educators
PO Box 6380, Jackson, MI 49204
(517) 783-9378

JAHE Sports Club Player Identification and Medical Card

Every JAHE Sports participant is required to complete the following, including parent / guardian signatures.

Players will not be permitted to participate in practices or games until this form has been completed and turned in.

Sports (Circle): Boy's Basketball Girl's Basketball Girl's Volleyball

ID/MEDICAL cards will be kept on hand at all practice and games. We hope that they will never be necessary. However, in the event of a medical emergency, we want to be sure that we can provide the best care possible to players. Having this ID/MEDICAL card on hand will insure that any necessary treatment and care can be rendered immediately in the event that we are not able to contact a parent.

PLAYER NAME: _____ Birthday: _____ Grade: _____ Sex: M / F

Street: _____, City: _____, MI Zip: _____

Father: _____ Mother: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Other Emergency Contact?: _____ Phone: _____

Family Physician: _____ Insurance (optional): _____

Medical Conditions, allergies or regular medications:

In the event of an emergency, I hereby authorize that medical services be given to my child as deemed necessary by the attending physician.

Parent / Guardian Signature: _____ Date: _____

I certify that my child _____ is currently being home educated.

Parent / Guardian Signature: _____ Date: _____