

EMERGENCY INFORMATION

PERSONAL INFORMATION

Athlete's Name: _____ Date: _____

DOB: _____ Age: _____ Grade: _____

Parent/ Legal Guardian Name: _____

Current Address: _____

Day Phone: _____ Evening Phone: _____

Person to contact in case of emergency (**OTHER THAN PARENT OR GUARDIAN**)

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

BRIEF MEDICAL HISTORY

Athlete's Height: _____ Weight: _____

Chronic Illnesses (i.e. diabetes, asthma, heart abnormalities, etc.): _____

Seasonal or Food Allergies: _____

Other Known Allergies: _____

Current Medication: _____

Chronic Injuries (i.e. sprained ankles, etc.): _____

Wears Protective Support/ Brace: Y / N If yes, please indicate where: _____

Wears Glasses and/ or Contact Lenses: Y / N If yes, please indicate which: _____

Date of Last Tetanus Booster: _____

Family Physician Name: _____

Address: _____ Phone: _____

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CONSENT

I, _____, am the parent/ legal guardian of
(YOUR NAME)
_____, who attends _____ and
(CHILD'S NAME) (SCHOOL NAME)
lives at _____.
(HOME ADDRESS) I
consent to my child's participation in the following sports:

In the event that hospital care is needed, and time allows, I prefer that my child be taken to
_____ Hospital.

INSURANCE INFORMATION

Name of Insured: _____

Employer of Insured: _____

Insurance Company: _____

Policy/ Group Number: _____

In the event of an emergency that may arise from my child's participation in school activity, I hereby
authorize the certified athletic trainer or athletic coaching staff of _____
(SCHOOL NAME)
to consent to any medical treatment, diagnosis, and/ or hospital care by a physician licensed in this state.

Signature of Parent/ Legal Guardian

Date