

## ***Athletic Participation Emergency Medical Information***

---

Name (last, first)

---

Birth date

---

Grade

---

Parent(s) Guardian

---

Home Phone Number

---

Work/Cell Numbers where Parent(s) Guardian can be reached

---

Emergency Contact (other than Parent(s) Guardian)

---

Contact Phone

### **Medical Information**

Regular Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_  
(Food, Medications, etc)

Date of last Tetanus Booster: \_\_\_\_\_

Medical Comments: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

### **PARENT/GUARDIAN PLEASE SIGN RELEASE**

As parents or legal guardians, I authorize a licensed physician to examine the above named student and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the school authorities to send the above named to the hospital or doctor most accessible.

---

Parent or Legal Guardian

---

Date