

ATHLETIC EMERGENCY INFORMATION FORM

*PLEASE COMPLETE BOTH SIDES OF THIS FORM IN BLUE OR BLACK INK.
THANK YOU.*

Athlete's Name (Last) _____ (First) _____ (MI) _____

Sport expected to participate in this season _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Grade Level _____

Birth Date _____ Social Security _____

Parent/Guardian Information

Father _____ Work Phone _____

Mother _____ Work Phone _____

Primary Insurance Information

Name of Primary Insurance _____

Subscriber _____

Identification Number _____

Group Number _____

Does your insurance require a referral? Yes ____ No ____ Please check one

In case of an emergency contact the above persons or:

Name/relation _____ Phone _____

Name/relation _____ Phone _____

*****Please complete both sides of this form. Thank you*****

Family Physician Information

Physician's Name _____

Phone _____

Medical History

Please list any previous sports injuries which required medical attention (Be Specific): _____

Please list any allergies to any and all medications (Be Specific): _____

Please list any medications currently taken (Be Specific): _____

Please check:	Yes	No	If Yes, explain
Allergies			_____
Asthma			_____
Inhaler			_____
.....			_____
Diabetes Mellitus			_____
Cardiac			_____
Vision/Hearing.....			_____
Past Heat Illness.....			_____
Other (Specify).....			_____

IN CASE OF AN EMERGENCY INVOLVING YOUR CHILD AND NO CONTACT INDICATED ON THIS FORM CAN BE REACHED, I/WE GIVE PERMISSION TO SCHOOL PERSONNEL TO ARRANGE FOR THE ATHLETE TO BE TAKEN TO THE _____ EMERGENCY ROOM. AND I/WE AUTHORIZE THE HOSPITAL /MEDICAL PERSONNEL TO ADMINISTER ANY NECESSARY MEDICAL CARE.

Signature of Parent/Guardian _____ Date _____