

EMERGENCY MEDICAL INFORMATION Sport _____ Year _____

Participant Name _____ Gender _____

Address _____

Age _____ Birth Date _____

Parent/Guardian Name _____

Phone: Primary _____ Secondary _____ Other _____

To Be Filled Out By Parent

Doctor _____ Phone _____

Address _____ Zip _____

Hospital _____ Phone _____

Insurance Yes No Group No. _____

Name of Company _____ ID No. _____

Backup Emergency Contact _____

Phone: Home _____ Work _____ Cell _____



Does student have any special medical problems? Yes No

If yes, please explain _____

Is student taking any medication? Yes No

If yes, please specify _____

Is student allergic to any drugs? Yes No

If yes, please specify _____

When did student receive his/her last tetanus shot? _____, 20 _____

In case of illness, accident or other emergency involving this student, the principal of coach is authorized to act on my behalf if I cannot be contacted. The school district is not responsible for any related ambulance or health care costs that might be associated with an emergency response for an athlete's injury.

Signature of Parent or Legal Guardian

Date