

**EMERGENCY MEDICAL INFORMATION**

Sport \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**To Be Filled Out By Parent**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance ☐ Yes ☐ No Group No. \_\_\_\_\_

Name of Company \_\_\_\_\_ ID No. \_\_\_\_\_

Other Person to Contact \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Information checked by coach** Oct\_\_ Nov\_\_ Dec\_\_ Jan\_\_ Feb\_\_ Mar\_\_ Apr\_\_

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 Father or Legal Guardian

OR

\_\_\_\_\_  
Signature of Mother or Legal Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_