

ATHLETE INFORMATION, INSURANCE, AND EMERGENCY INFORMATION

ATHLETE INFORMATION

ATHLETE'S NAME _____ SS NUMBER _____
ATHLETE'S DATE OF BIRTH _____ AGE _____ SEX M F ATHLETE'S GRADE _____
HOME ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAME _____ EMPLOYER _____
MAILING ADDRESS _____ CITY _____ ZIP _____
HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL NUMBER _____

PARENT/GUARDIAN NAME _____ EMPLOYER _____
MAILING ADDRESS _____ CITY _____ ZIP _____
HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL NUMBER _____

EMERGENCY INFORMATION

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CALL:

1ST CONTACT _____ RELATION TO ATHLETE _____
HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL NUMBER _____

2ND CONTACT _____ RELATION TO ATHLETE _____
HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL NUMBER _____

FAMILY PHYSICIAN _____ PHONE NUMBER _____ FAX NUMBER _____

FAMILY DENTIST _____ PHONE NUMBER _____ FAX NUMBER _____

INSURANCE INFORMATION

INSURED NAME _____ GROUP NUMBER _____

INSURANCE COMPANY _____ POLICY NUMBER _____

INSURANCE ADDRESS _____ CITY _____ ZIP _____

INSURANCE PHONE NUMBER _____ FAX NUMBER _____

ALLERGIES, MEDICATION, MEDICAL CONCERNS

PLEASE LIST ANY OF THE FOLLOWING:

ALLERGIES _____

MEDICATION THE ATHLETE TAKES REGULARLY _____

ANY MEDICAL CONCERNS/CONDITIONS _____

By signing below, I the parent or legal guardian of the student named above, authorize any insurance company, physician, hospital, or any other person who has examined, rendered services, or attended to the athlete named above, to disclose to the school's authorized personnel when requested to do so, all information with respect to any injury, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records.

STUDENT NAME _____ PARENT/GUARDIAN NAME _____

STUDENT SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

DATE _____

DATE _____