

EMERGENCY INFORMATION

Child's Name: _____ Male / Female

Date of Birth: _____ Grade: ____ Anticipated Yr. of Graduation: _____

Sports: (Fall) _____ (Winter) _____ (Spring) _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____

Physician/Clinic: _____ Phone Number: _____

Insurance Co: _____ Policy Number: _____

IF PARENTS ARE NOT AVAILABLE IN AN EMERGENCY, CONTACT:

Name: _____ Relationship to Athlete: _____

Daytime Phone: _____ Evening Phone: _____

HEALTH HISTORY: Please check all that apply and explain in the space provided

Medical History:

Musculoskeletal History:

- Allergies
- Asthma / Respiratory Problems
- Cancer
- Cold / Heat Problems
- Diabetes
- Dizziness with Exercise
- Epilepsy
- Glasses / Contacts
- Heart Conditions
- High Blood Pressure
- Medications _____
- Migraines _____
- Tetanus Shot _____

- Head / Face
- Neck / Back
- Concussions
- Elbow / Wrist / Hand / Fingers
- Shoulder
- Hip
- Knee
- Ankle / Foot / Toes
- Surgery / Fractures

Explain Above Injuries: _____

I, _____, the parent / guardian of _____
give permission for medical treatment / care of my child, in case of an
injury, illness or accident.

Signature of Parent / Legal Guardian

Date