

Emergency Medical Information

NAME: _____ DOB: _____ SEX: M F

Sport _____

Parent/Guardian Name(s): _____

Address: _____

Phone #(s): _____

2nd Emergency Contact name: _____

Relationship to athlete: _____ Phone #: _____

ALLERGIES: _____

Regular Medications: _____

Asthma: **Yes No** Athlete will maintain possession of his/her own inhaler: **Yes No**

If no, where will athlete's inhaler be located? _____

Date of Last Tetanus Shot: _____

Additional information: _____

Doctor's Name/Phone #: _____

Family insurance: _____

Policy #: _____ and/or Group # _____

School Insurance: Yes No

I hereby give permission for First Aid to be administered until medical aid may be obtained. I further give permission for any necessary medical aid to be provided in the event I cannot be reached for direct permission .

Parent/Guardian Signature: _____