



Insurance and Health Data

Name _____ Age _____ Date of Birth _____
Sport(s) _____ Grade _____ Homeroom/Team _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____
Home Phone _____ Cell Phone _____
Address _____

In the Event a Parent/Guardian Cannot be Reached:

Name: _____ Relationship: _____ Telephone _____
Name: _____ Relationship: _____ Telephone _____

MEDICAL HISTORY

Medical or Physical restrictions for participating in sport related activities: _____

Food/Drug Allergies _____ Date of last Tetanus Shot _____

Please list medications student takes on a daily basis or uses in event of an emergency (epi pen, inhaler):

INSURANCE INFORMATION

Students must have personal or school insurance in order to participate in school sponsored athletic sports.

Company Name/School Insurance: _____

Policy and Group Number: _____

PARENT/GUARDIAN PERMISSION

I give my permission for _____ to participate in all trips and interscholastic athletics for the _____ school year. In case of an emergency, I hereby give permission to school personnel to take my child to the hospital. I will be responsible for any medical bills incurred.

Parent/Guardian Signature

Date

Office Use Only:

Subscribed and Sworn before me

This _____ day of _____, _____

Notary Public _____

Expiration Date _____