



ATHLETIC EMERGENCY/MEDICAL INFORMATION & PARTICIPATION FORM

(If you are physically filling out this form, please use blue or black ink)

STUDENT INFORMATION

Form with fields for NAME, ADDRESS, GRADE, BIRTH DATE, GENDER, STUDENT ID #, FATHER OR GUARDIAN NAME, EMPLOYER, PHONE #, MOTHER OR GUARDIAN NAME, EMPLOYER, PHONE #, EMERGENCY PHONE #, FAMILY PHYSICIAN, PHONE #, HEALTH INSURANCE PROVIDER, POLICY #, DOES THIS INSURANCE COVER FOOTBALL?, SCHOOL ATTENDED PREVIOUS SEMESTER, SCHOOLS ATTENDED IN THE PAST 12 MONTHS, CITY & STATE OF BIRTH.

CHECK ALL SPORTS IN WHICH THIS STUDENT WILL PARTICIPATE:

Table with columns for FALL, WINTER, and SPRING sports. Includes options like Cross Country, Football, Golf, Marching Band, Pep Squad/Cheer, Tennis, Volleyball, Water Polo, Basketball, Soccer, Wrestling, Baseball, Lacrosse, Softball, Swimming/Diving, Track & Field, and Volleyball (Boys).

MEDICAL HISTORY

This section must be completed by a parent/guardian.

Name of Person Filling Out Form: \_\_\_\_\_

Medical history questionnaire with Y/N columns. Questions include: Are you current under a doctor's care for any reason? Have you ever been hospitalized? Have you had surgery within the last 3 months? etc.

IF YOU CHECKED YES – Below please indicate which number(s), provide explanation and background information, and include any special instructions:

LIST ANY RESTRICTIONS:

DATE OF THIS EXAM:

Form with fields for HEIGHT, WEIGHT, PULSE RATE, and BLOOD PRESSURE.

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual.

In the event reasonable attempts to contact the parent/guardian at the above phone numbers meets with no success, full authorization is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible.

I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: DATE RECEIVED