

Sumner School District Athletic Department

Athletic Emergency Information

Student's Name \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_ Parent/Guardian(s) \_\_\_\_\_ Home Phone (w/area code) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Two persons you recommend we call in event you cannot be reached:

1. \_\_\_\_\_ Phone (w/area code) \_\_\_\_\_

2. \_\_\_\_\_ Phone (w/area code) \_\_\_\_\_

Preference of Physicians:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

If neither physician is available, do we have your permission to transport your child by ambulance to an emergency care facility? \_\_\_\_\_

Preference of Hospital \_\_\_\_\_ Medical History \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Current Physical Exam Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Information (filled out by Parent/Guardian)

:	INJURY RECORD		
	Date	Diagnosis & Therapy	Days Lost
Major Illnesses _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Current Medications _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Allergies _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Previous Head Injury, date? _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: A new Athletic Emergency Information & Medical Information Form must be filled out each year