



Sports Medicine Emergency Medical Information

Name: _____ Grade: _____ Age: _____ DOB: _____

Address: _____ Zip: _____

Father/Guardian: _____ Cell# _____ Work# _____

Mother/Guardian: _____ Cell# _____ Work# _____

Athlete Cell# _____ E-mail: _____ (optional)

IF PARENTS CAN NOT BE REACHED IN AN EMERGENCY

Name: _____ Cell# _____ Work# _____

Family Physician: _____ Phone# _____

Family Orthopedist: _____ Phone# _____

Preferred Hospital: _____ E.R. Phone# _____

MEDICAL HISTORY

Concussion: Yes No Date _____ Any diabetic care needed: Yes No

Heart Problem: Yes No Date _____ Diabetic Care _____

Sickle Cell: Yes No Date _____ Medications taken _____

Epi-Pen Needed: Yes No Date _____ Allergies _____

Contacts/Glasses: Yes No Date of last tetanus shot _____

Asthma: Yes No Will you provide an inhaler: Yes No

Any other pertinent medical information?

MEDICAL INSURANCE INFORMATION

Company: _____ Policy# _____ Group# _____

Policy Holder: _____ Does plan require referral notice to attend specialist?

MEDICAL CONSENT FOR CARE

All athletes, parents, or guardians must assume the risk of injury during athletic events. In the event of such an injury during a practice session, game, or the like: an effort will be made to contact parent/guardian as soon as possible. Permission is granted to the Athletic Trainer/Team Physician/Coach to provide needed emergency care to the athlete prior to his/her arrival at a medical facility. I/we give consent for emergency transport as needed.

Sign one: YES: _____ NO: _____

School Year: 2020 - 2021