

Last Name _____ First Name _____ Sport _____



HEALTH INFORMATION FOR STUDENT ATHLETES

(complete one form for each sport)

STUDENT INFORMATION

Birthdate _____ Grade _____ School Year _____

Home Address _____

City _____ State _____ Zip _____

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN #1

Name _____

Address _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

PARENT/GUARDIAN #2

Name _____

Address _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

HEALTH CONCERNS

Does student have allergies: No Yes If yes, list: _____

Do allergies require use of EpiPen? No Yes Where will EpiPen be kept: _____

Does your son/daughter have any **significant health concerns**? No Asthma Diabetes Seizure Disorder

Other _____ Explain: _____

Give instructions / restrictions _____

MEDICATION

Does your son/daughter take any **daily medications**? No Yes *(if yes, please list below)*

Medication Name:	Dose: mg/cc/ tsp	Form: tab /cap / liq / inhaler	Time taken:	Reason:

CONSENT FOR EMERGENCY TREATMENT

If a situation occurs in which my son/daughter needs immediate medical attention and I am unavailable to give consent, this signed statement will serve as an authorization for a school representative to obtain any medical care for my son/daughter that is in his/her best interest, until I can be contacted. I understand that every effort will be made to contact me prior to initiating care. I also understand that any expenses incurred for emergency transportation and/or care are my responsibility.

Parent Signature

Date