



## ATHLETES MEDICAL INFORMATION

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Non-parent to notify in case of emergency:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

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### Medical History

Yes No Allergies (list) \_\_\_\_\_

Yes No Asthma

Yes No Diabetes

Yes No Epilepsy

Yes No Concussions

Yes No Unconsciousness

Yes No Fractures \_\_\_\_\_

Yes No Sprains \_\_\_\_\_

Yes No Neck Injuries \_\_\_\_\_

Yes No Back Injuries \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Yes No Current Medications \_\_\_\_\_

Yes No Surgeries (date and procedure) \_\_\_\_\_

Other health/medical information you would like school personnel to know about this athlete:

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