

**EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_ Anticipated Yr. of Graduation: \_\_\_\_\_

Sports: (Fall) \_\_\_\_\_ (Winter) \_\_\_\_\_ (Spring) \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**IF PARENTS ARE NOT AVAILABLE IN AN EMERGENCY, CONTACT:**

Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**HEALTH HISTORY:** Please check all that apply and explain in the space provided

Medical History:

Musculoskeletal History:

- Allergies
- Asthma / Respiratory Problems
- Cancer
- Cold / Heat Problems
- Diabetes
- Dizziness with Exercise
- Epilepsy
- Glasses / Contacts
- Heart Conditions
- High Blood Pressure
- Medications \_\_\_\_\_
- Migraines \_\_\_\_\_
- Tetanus Shot \_\_\_\_\_

- Head / Face
- Neck / Back
- Concussions
- Elbow / Wrist / Hand / Fingers
- Shoulder
- Hip
- Knee
- Ankle / Foot / Toes
- Surgery / Fractures

Explain Above Injuries: \_\_\_\_\_

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_  
give permission for medical treatment / care of my child, in case of an  
injury, illness or accident.

\_\_\_\_\_  
**Signature of Parent / Legal Guardian**

\_\_\_\_\_  
**Date**