



Please check this box if  
you have played a sport  
in the last year

**PLEASE PRINT CLEARLY AND USE ALL LEGAL NAMES**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Athlete Home Phone #: \_\_\_\_\_  
Athlete Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Athlete E-mail: \_\_\_\_\_  
Sport: \_\_\_\_\_

Medical History that may be significant to a physician evaluating your child in an emergency situation (Asthma, Diabetes, Genetic Disorders): \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Has your child been prescribed an inhaler? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Please list all allergies (medication/pollen/stings/food): \_\_\_\_\_

Has your child been prescribed an EpiPen? \_\_\_\_\_ Type?: \_\_\_\_\_

Has your child ever sustained a concussion? \_\_\_\_\_ If yes, how many and when? \_\_\_\_\_

In case of an emergency please contact in this order:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have a preference, in an emergency situation, which hospital your child receives care at? \_\_\_\_\_

If yes, which hospital? \_\_\_\_\_ and we will endeavor to use that, but in a life threatening situation, we will use the closest possible.

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

Please sign and return to your COACH at the beginning of the athletic season