

## ATHLETIC MEDICAL/INSURANCE INFORMATION FORM

My son/daughter is allergic to: \_\_\_\_\_

My son's/daughter's most recent tetanus shot (if known): \_\_\_\_\_

Please list all pre-existing illnesses or injuries that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Please list all medications your son/daughter takes on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian's Phone

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

Students Insurance Information

1. Under whose name is student listed: \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_

3. Group Number: \_\_\_\_\_

4. Attach a copy of your Insurance Card.

Emergency Contact (other than parent)

Name: \_\_\_\_\_ Number: \_\_\_\_\_