



# Insurance and Health Data

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sport(s) \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom/Team \_\_\_\_\_

## EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_

### In the Event a Parent/Guardian Cannot be Reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_

## MEDICAL HISTORY

Medical or Physical restrictions for participating in sport related activities: \_\_\_\_\_

Food/Drug Allergies \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_  
 Please list medications student takes on a daily basis or uses in event of an emergency (epi pen, inhaler):  
 \_\_\_\_\_  
 \_\_\_\_\_

## INSURANCE INFORMATION

\*Students must have personal or school insurance in order to participate in school sponsored athletic sports.\*

Company Name/School Insurance: \_\_\_\_\_  
 Policy and Group Number: \_\_\_\_\_

## PARENT/GUARDIAN PERMISSION

I give my permission for \_\_\_\_\_ to participate in all trips and interscholastic athletics for the \_\_\_\_\_ school year. In case of an emergency, I hereby give permission to school personnel to take my child to the hospital. I will be responsible for any medical bills incurred.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

### Office Use Only:

Subscribed and Sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public \_\_\_\_\_

Expiration Date \_\_\_\_\_