

Interscholastic High School Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

MEDICAL CARD
FOR ATHLETE

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name _____ Jersey Number _____

Student Name _____

Birth Date ____/____/____ Home # ____-____-____

Home Address _____

Parent/Guardian Name _____ Work # ____-____-____ Cell # ____-____-____

Parent/Guardian Name _____ Work # ____-____-____ Cell # ____-____-____

Family Physician _____ Physician # ____-____-____

Hospital Preference _____ Date of Last
Tetanus Shot ____/____/____

Allergies _____

Medicine Administered on the Field _____

MCPS Form 560-30, Rev. 8/04 Draft 2

(OVER)

MEDICAL CARD FOR ATHLETE

Insurance Information:

Does your son/daughter have medical insurance? Yes No

If Yes, name of insurance company:

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

_____/____/____
Signature, Parent/Guardian *Date*

This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when medical attention is required.