

**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 _____                       | Phone # _____-_____-____                    |
| Home Address _____                       | Alternate<br>Phone # _____-_____-____       |
| _____                                    | Date of Birth ____/____/____                |
| Family Physician _____                   | Physician<br>Phone # _____-_____-____       |
| Hospital Preference _____                | Date of Last<br>Tetanus Shot ____/____/____ |
| Allergies _____                          |   |
| Medicine Administered on the Field _____ |   |
| _____                                    |   |

**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