

**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 Phone # _____ - _____ - _____
_____	Date of Birth ____/____/____
Family Physician _____	Physician Phone # _____ - _____ - _____
Hospital Preference _____	Date of Last 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*