

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.

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