

**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 \_\_\_\_\_

## 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.