

	Medical Card for Athlete Interscholastic High School Athletics MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850	MCPS Form 500-30 October 2010
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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.

Student Name:	Birth Date:	
School Name:	Student ID #:	
Home Address:		
Parent/Guardian Name:		
Home #:	Work #:	Cell #:
Parent/Guardian Name:		
Home #:	Work #:	Cell #:
if parent cannot be reached, person to be contacted in case of emergency		
Name:	Relationship:	
Home #:	Work #:	Cell #:

09/03

MEDICAL CARD FOR ATHLETE	
Family Physician:	Physician #:
Hospital Preference:	Date of Last Tetanus Shot:
Allergies:	
Medicine Administered on the Field:	
INSURANCE INFORMATION: Does your son/daughter have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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
<small>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 emergency medical attention is required.</small>	