

Section V Athlete Health Information

Students Name _____

Date of Birth _____

Date of last Physical Exam _____

Date of last tetanus shot _____

Is your student currently taking any medication?

Yes or No

If yes; what medication and for what condition:

Has your student ever had a concussion? If so when?

What other injuries / illnesses / operations should we be aware of?

Does your student have any specific allergies?

Parent / Guardian Contact Information:

Name: _____

Phone numbers: _____

Insurance Information: _____

Health Care Provider Name and Phone Number: _____

I / we, being the parent(s) or legal guardians of the above named minor, hereby appoint the coach to act on my / our behalf in authorizing unexpected medical care and / or hospitalization for the above named minor during the period of my / our absence.

Parent Signature: _____