

EMERGENCY MEDICAL INFORMATION FORM

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

STUDENT NAME: _____ DOB: ____/____/____ AGE: _____

HOME ADDRESS: _____

PARENT/GUARDIAN: _____ CELL PHONE: (____) _____ - _____

PARENT/GUARDIAN: _____ CELL PHONE: (____) _____ - _____

EMERGENCY CONTACT (PLEASE PRINT CLEARLY)

Who should be contacted in the event a parent/guardian cannot be reached at the above numbers?

CONTACT #1: _____ PHONE: (____) _____ - _____ RELATIONSHIP: _____

CONTACT #2: _____ PHONE: (____) _____ - _____ RELATIONSHIP: _____

MEDICAL PROVIDER (DOCTOR) INFORMATION

YOUR DOCTOR (PRIMARY CARE PROVIDER): _____ PHONE: (____) _____ - _____

OTHER MEDICAL PROVIDER: _____ PHONE: (____) _____ - _____

OTHER MEDICAL PROVIDER: _____ PHONE: (____) _____ - _____

STUDENT'S HEALTH HISTORY

____ **ALLERGIES** (i.e. penicillin, nut, etc. Please list/explain typical reaction)

____ **MEDICATIONS** (i.e. Inhaler-Proventil, insulin, etc. Please list)

____ **MEDICAL CONCERNS** (i.e. heart murmur, Type I diabetes, Sickle Cell Trait, etc. Please list/explain)

MEDICAL INSURANCE INFORMATION (ATTACH COPY OF CARD IF POSSIBLE)

NAME OF HEALTH INSURANCE: _____

CLAIMS ADDRESS (USUALLY ON BACK OF CARD): _____

NAME OF INSURED: _____ INSURED'S PLACE OF EMPLOYMENT: _____

GROUP #: _____ MEMBER ID: _____

ASSUMPTION OF RISK, CONSENT FOR TREATMENT, FINANCIAL RESPONSIBILITY AND INFORMATION RELEASE

I, the parent or legally responsible adult of the student listed above, understand by their nature, competitive athletics and participation in extra-curricular activities may put students in situations which serious, catastrophic and perhaps fatal accidents may occur.

If my student is injured, I give authorization to their coach or appropriate school official to render first aid and/or secure medical treatment, for him/her to receive whatever treatment is necessary should he/she have to go to a hospital emergency room.

I agree to release USD#443, its officials, directors, employees, coaching staff and medical staff from any liability, arising out of first aid rendered and/or medical treatment secured for any injury related to my student's participation in athletic/extracurricular activities.

I also understand I am financially responsible for medical care to my student. I the undersigned, also release pertinent medical information to be communicated between medical provider(s), athletic trainer(s), high school official(s) and/or coach(es).

Furthermore, I have listed any **SPECIAL INSTRUCTIONS** on the reverse. Please mark here if additional comments are on the back. ____

PARENT/LEGALLY RESPONSIBLE ADULT

DATE