

CLUB SPORTS _____ SPORT _____

NAME _____ B. DATE _____ AGE _____

CAMPUS ADDRESS _____ PHONE _____

YEAR _____ COLLEGE _____ SS# _____

IF NOT STUDENT EMPLOYED BY _____ POSITION _____

IN CASE OF EMERGENCY NOTIFY: _____
name and relationship

address _____ street _____ city _____ state _____ zip _____

HOME PHONE () _____ WORK PHONE () _____

KNOWN ALLERGIES _____

PHYSICAL EXAMINATION _____ DATE _____
DOCTOR _____

MEDICAL/HOSPITAL INSURANCE COVERAGE & POLICY NUMBER _____

Signature _____ Date _____

(If under 18 , parents signature required)

CAMPUS SECURITY, ATHLETIC TRAINER, COACH AND MEDICAL PERSONNEL MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY DOCTOR CAN BE CONTACTED.

YES _____ NO _____

WE/I GIVE CONSENT FOR THE COACHES, FACULTY ADVISORS AND CAPTAINS TO USE THEIR OWN JUDGMENT IN SECURING EMERGENCY MEDICAL CARE AND AMBULANCE SERVICE IN CASE THE PARENTS CAN NOT BE REACHED.

YES _____ NO _____

THIS PERMISSION INCLUDES EMERGENCY SURGERY, ADMISSION TO A HOSPITAL, ADMINISTRATION OF DRUGS, INJECTIONS, THERAPEUTIC PROCEDURES, ETC. , AS DEEMED NECESSARY BY ATTENDING PHYSICIAN.

I, _____, do certify that all information contained on this form is accurate to the best of my knowledge and agree to update information as needed based on current circumstances.

SIGNATURE

PARENTS SIGNATURE IF UNDER 18

DATE