

TIGER SPORTS MEDICINE Athletic Emergency Information & Consent Form

The information below is needed for participation in scholastic athletic activities for Broken Arrow Schools. Please complete the form below with all the appropriate information. This information is important for the medical and coaching staff of Broken Arrow Schools in the event that immediate medical attention be needed for your son/daughter.

Athlete Information:		
Name:		
Last	First	MI
School ID#:	Date of Birth:	
School (fall 2007):	Grade (fall 2007):	
Sport(s): Fall	Winter	Spring
Emergency Contact Information:		
Parent(s)/Guardian Name:		
Last	First	Relation
Address:		
Street	City	Zip
Phone: Home Phone #	W. I DI	a unu
Home Phone #	Work Phone #	Cell Phone #
Secondary Contact Information:		
Last	First	Relation
Phone:		
Home Phone #	Work Phone #	Cell Phone #
Medical Information:		
Current Medications:		
Allergies:		
Pre-existing medical conditions:		
Physician's Name:	Phone #:	
The above information is correct to the best above mentioned student to participate in sc athletic participation. If my son/daughter be certified athletic trainer(s), and other emerge such injuries.	holastic athletic activities. I under ecomes ill/injured, I give my conse	stand the risk of injury in nt for physicians, coaches,
Signature of Parent/Guardian	 Date	