



# Insurance and Health Data

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sport(s) \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom/Team \_\_\_\_\_

## EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

### In the Event a Parent/Guardian Cannot be Reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_

## MEDICAL HISTORY

Medical or Physical restrictions for participating in sport related activities: \_\_\_\_\_

Food/Drug Allergies \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Please list medications student takes on a daily basis or uses in event of an emergency (epi pen, inhaler):  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

\*Students must have personal or school insurance in order to participate in school sponsored athletic sports.\*

Company Name/School Insurance: \_\_\_\_\_  
Policy and Group Number: \_\_\_\_\_

## PARENT/GUARDIAN PERMISSION

I give my permission for \_\_\_\_\_ to participate in all trips and interscholastic athletics for the \_\_\_\_\_ school year. In case of an emergency, I hereby give permission to school personnel to take my child to the hospital. I will be responsible for any medical bills incurred.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

**Office Use Only:**  
Subscribed and Sworn before me  
This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public \_\_\_\_\_  
Expiration Date \_\_\_\_\_