



## Sports Medicine Emergency Medical Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Athlete Cell# \_\_\_\_\_ E-mail: \_\_\_\_\_ (optional)

### IF PARENTS CAN NOT BE REACHED IN AN EMERGENCY

Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Family Orthopedist: \_\_\_\_\_ Phone# \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ E.R. Phone# \_\_\_\_\_

### MEDICAL HISTORY

Concussion: Yes No Date \_\_\_\_\_ Any diabetic care needed: Yes No

Heart Problem: Yes No Date \_\_\_\_\_ Diabetic Care \_\_\_\_\_

Sickle Cell: Yes No Date \_\_\_\_\_ Medications taken \_\_\_\_\_

Epi-Pen Needed: Yes No Date \_\_\_\_\_ Allergies \_\_\_\_\_

Contacts/Glasses: Yes No Date of last tetanus shot \_\_\_\_\_

Asthma: Yes No Will you provide an inhaler: Yes No

Any other pertinent medical information?

### MEDICAL INSURANCE INFORMATION

Company: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Does plan require referral notice to attend specialist?

### MEDICAL CONSENT FOR CARE

All athletes, parents, or guardians must assume the risk of injury during athletic events. In the event of such an injury during a practice session, game, or the like: an effort will be made to contact parent/guardian as soon as possible. Permission is granted to the Athletic Trainer/Team Physician/Coach to provide needed emergency care to the athlete prior to his/her arrival at a medical facility. I/we give consent for emergency transport as needed.

Sign one: YES: \_\_\_\_\_ NO: \_\_\_\_\_

School Year: 2020 - 2021