

SPORTS MEDICINE

ATHLETE INFORMATION

Athlete's Full L	egal Name: _					Male	Female	DOB:		
Nickname:		Grade:	Grade:						JV or Varsity	
Home Address:										
City:			State:				Zip:			
Phone number: Email Add			ail Address	s:						
	edical history	EMERGENC that may be per	rtinent for a	n medical	professio	nal to l	know in t			
Please list all all	ergies:	ion? Yes or								
	-	Emergency Cont		•		-			t Person(s)	
Name(s)										
E-mail(s)										
Work/Cell #s										
Relationship										
to Athlete										
YES NO		INSUR a referral from y nysician:		orimary c	are physic	cian) to				
= =	•	covered by school insurance			Date enrolled:					
		nsurance covera	Insurance Company							
•	_	lder Legal Name								
Policy G	1			Policy Holder's Relationship to athlete Contact Phone Number						
	older's DOB									
Type of	Insurance:	Traditional	HMO	PPO	POS	Otne	er			
Policy H Policy G Policy H	older Legal	y insurance cove Name Traditional		Poli	Insurance cy Holder	e ID # _ 's Relate's Phon	tionship t	to athle	te	
[] Athlete i	s <i>NOT</i> cover	ed by insurance								

Please sign and return to your athlete's coach or the athletic trainer at your high school.