

Medical Information Card

General Information (Please Print):

Student-Athlete: _____ DOB: _____ Age: _____

Health Insurance Company: _____

Primary Care Physician: _____

Medical Information:

Medical Illnesses (asthma, seizures, heart condition): _____

Medications: _____

Allergies: _____

Emergency Contact:

Parent/Guardian(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I hereby give consent for my child to participate in Oliver Ames High School/Junior High School athletic programs for the fall, winter and spring seasons. I am delegating authority in advance for my child to receive any necessary healthcare treatment, including first aid, diagnostic procedures and medical treatment, that may be provided by treating physicians, nurses, EMT's and the athletic trainers. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary medical/surgical treatment.

Parent/Guardian Signature: _____ Date: _____

Sports: (please circle the sports your son/daughter may be interested in participating)

Fall Sports

Football
Field Hockey
Cross Country
Soccer
Cheerleading
Golf
Volleyball

Winter Sports

Basketball
Ice Hockey
Track & Field
Skiing
Swimming & Diving
Cheerleading
Wrestling

Spring Sports

Baseball
Softball
Track & Field
Lacrosse
Tennis