

**MEDICAL CARD
FOR ATHLETE**

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name _____	Jersey Number _____
Student Name _____	Phone # _____-_____-____
Home Address _____	Alternate Phone # _____-_____-____
_____	Date of Birth ____/____/____
Family Physician _____	Physician Phone # _____-_____-____
Hospital Preference _____	Date of Last Tetanus Shot ____/____/____
Allergies _____	
Medicine Administered on the Field _____	

MEDICAL CARD FOR ATHLETE

Insurance Information:

Does your son/daughter have medical insurance? Yes No

If Yes, name of insurance company:

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

_____/_____/_____
Signature, Parent/Guardian *Date*