



**EMERGENCY MEDICAL INFO**

ASB	CLEARED	DATE	GPA	SPORT	SCHOOL YEAR

STUDENT'S NAME		HOME PHONE		GRADE	
PARENT/GUARDIAN		RELATIONSHIP TO STUDENT			
Father's work phone # _____		Mother's work phone # _____			
Student's address _____					Age _____

Name two (2) persons (and their telephone numbers) you recommend we call in the event you cannot be reached.

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_

Preference of physicians:

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_

If neither physician is available, do we have your permission to take your child to a hospital or an available physician? \_\_\_\_\_

Preference of hospital \_\_\_\_\_

Insurance company name \_\_\_\_\_ Policy # \_\_\_\_\_

**X** PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Physician's exam is valid until \_\_\_\_\_ Nurse's validation \_\_\_\_\_

LHS - 6 - Rev. 08/09

**MEDICAL INFORMATION**  
(Parent or Guardian to fill out)

Major illnesses \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 \_\_\_\_\_  
 Current medications \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_

**INJURY RECORD**  
(Coach or Trainer to fill out)

Date \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
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 Date \_\_\_\_\_  
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