

Student Name: _____

Grade: _____

Required Paperwork for Participation in Athletics: Parent/Athlete Check List

1. _____ Physical Evaluation Form (**form 5 revised 2018**)
 - Must be signed by Parent/Guardian, Student, and a **MD or DO**. (**No CRNP**, etc.)
 - Good for one calendar year, retain a copy of your records
2. _____ AHSAA Concussion Form (every school year)
 - Must be signed by Parent/Guardian and Student
3. _____ AHSAA Student Release Form (every school year)
 - Must be signed by Parent/Guardian and Student
4. _____ ACS Consent for Athletics and Warning Statement
 - Must be signed by Parent/Guardian and Student on front AND sports participating in are checked.
5. _____ ACS Insurance Form- insurance is a requirement to participate
 - Must be signed by Parent/Guardian
 - If Option 2 is chosen, obtain an envelope from the coach or Athletic Director
6. _____ Athletic Handbook Acknowledgement (Handbook is available for download on www.acs-k12.org/ahs website)
 - Signed by both Parent and Athlete
7. _____ Disclosure of Protected Information and Consent for Treatment
 - Required by Drayer for Athletic Training
 - Signed by Parent/Guardian
8. _____ NFHS SPORTSMANSHIP Certification(New) or a STAR Sportsmanship Certificate on file:

Instructions forNFHS Sportsmanship Course:

* Student will visit www.NFHSlearn.com and register an account if they have not done so before. (Keep record of username and password. The AHS does not have access to these.)

* Undercourses, type in sportsmanship and The Sportsmanship Elective Course should appear.

* Click on the course. Then the View button.

* Next, a blue tab should appear that says Order Course. (The course is free.)

* A box will appear for the student/coach to identify who will be completing the course.

* Next, a shopping cart appears. Select the state of Alabama, and checkout.

* Order status appears and an agreement statement. After checking the agreement statement choose continue. Last, at the Order Receipt box, click here

* Next, begin taking the course.

* A student can come back and finish at any time. When finished, a student can print the certificate from that screen or save and print later.

Parents:

-Athletes must have all paperwork turned in to participate.

-Please keep a copy of the completed Physical Form for your records.

-If you have any questions please contact Linda Moore, Assistant Athletic Director or the head coach. Linda.Moore@acs-k12.org 256-233-6613

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form
Revised 2018

Revised 2018

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. **A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2018, will satisfy the requirement through May 31, 2019.**

Student's name _____

Physical Examination

Revised 2018

LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
	Vision R 20 / ____ L 20 / ____ Corrected: Y N		
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: Collision Contact Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

(Form must be signed and dated by the attending physician.)

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Concussion Information Form
(Required by AHSAA Annually.)

2019-20 School Year

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness 	

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)
(2019-20 School year)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student-Athlete Name Printed	_____ Student-Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date



Participant Agreement, Consent, Release, And Venue

This completed form must be kept on file by the school. This form is valid for the 2019-20 school year.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AHSAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AHSAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AHSAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school that is in the Youth Services Department District. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

_____.
List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. **VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES.** I agree that in the event I, or anyone acting on my child's behalf, files suit against AHSAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court. I also agree that filing such action in the Montgomery County Circuit Court is both fair and reasonable. I further agree that should AHSAA prevail in such litigation, either in Circuit Court or any Appellate Court, then AHSAA shall be entitled to reasonable attorney fees and costs associated with the litigation.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

____ / ____ / ____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

____ / ____ / ____
Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (student must sign)

Name of Student (printed)

Signature of Student

____ / ____ / ____
Date

LAST NAME FIRST MI GRADE SEX BIRTH DATE

ATHENS CITY SCHOOLS

**ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE DURING
2019-2020 SCHOOL YEAR**

As an athlete/athletic parent in the Athens City School's Athletic program, I/we understand that participation in any sport can be dangerous activity involving **MANY RISKS OF INJURY**. I/We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I/We understand that the dangers and risks of participating in sports also include the potentially high costs of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Recognizing these risks, I/we consent to the participation of my/our son/daughter in the sports program offered by Athens City Schools. I/We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I/We hereby grant consent to any and all health care providers designated by Athens City Schools to provide my child any necessary medical care as a result of any injury or illness. I/We consent to participation in the following sport(s) for the 2019-2020 school years.

*****CHECK ALL SPORTS YOUR CHILD PLANS TO PARTICIPATE IN DURING THE 2019-2020 SCHOOL YEAR.**

_____ Baseball _____ Football _____ Track _____ Softball
_____ Volleyball _____ Basketball _____ Golf _____ Tennis
_____ Wrestling _____ Cheer _____ Swim _____ Soccer
_____ Cross Country

Signature of Parent/Guardian Date Signature of Student Date

ATHENS CITY SCHOOLS
INSURANCE DECLARATION
2019-2020

DEAR PARENT:

In order for your son/daughter to participate in our school's athletic program he/she must be insured. If you do not have health insurance, you must take the accident policy offered through Athens City Schools. However, if you feel that your son/daughter is adequately covered by your own health insurance and you are willing to assume full financial responsibility in case of harm or injury while he/she is participating in our athletic program, the accident policy offered through Athens City Schools is not required.

OPTION 1

_____ *My son/daughter is adequately covered by my own insurance and I will assume full financial responsibility in case of harm or injury while he/she is participating in your school's athletic program. I do not desire the accident policy offered through Athens City Schools for my son/daughter.*

HEALTH INSURANCE INFORMATION Note: If option 1 is checked above, the following section MUST be completed. You must have insurance to participate. If you do not have health insurance, you must take the accident policy offered through Athens City Schools described in option 2 below.

Carrier: _____ Policy Number _____ Group. No. _____
Policyholder's name _____ Relationship _____
Student's Name: _____
Parent's Signature: _____ Date: _____

OPTION 2

Please check the applicable spaces and sign below.

_____ My son/daughter will purchase student accident insurance. (Check the plan and options you want. Make your check payable to: **Parker Waller Insurance.**)

School-Time Coverage (school, all school activities, except varsity football)

_____ Standard Benefit Option (\$21.00) _____ Double Benefit Option (\$50.00)

24-Hour Coverage (around-the-clock-coverage, all school activities, except varsity football)

_____ Standard Benefit Option (\$80.00) _____ Double Benefit Option (\$164.00)

Varsity Football Coverage (Coverage only applies to football play or practice, includes spring practice)

_____ Standard Benefit Option (\$138.00) _____ Double Benefit Option (\$276.00)

Varsity Football Coverage (Spring practice only)

_____ Standard Benefit Option (\$39.00) _____ Double Benefit Option (\$80.00)

Student's Name: _____
Parent's Signature: _____ Date: _____

ACKNOWLEDGEMENT OF ATHLETIC HANDBOOK

I acknowledge access to the athletic handbook and have read the rules concerning eligibility and conduct for Athens City Schools student athletes. I understand the rules and realize that I am subject to disciplinary measures should I violate them. I do agree to participate and conduct myself in accordance with the rules of our athletic program, school rules as addressed in the student handbook and with any other specific rules of my coaches.

Student Athlete

I have read this athletic handbook and agree to abide by all regulations set forth. I understand participation in athletics is a privilege and agree to represent Athens City Schools with character, integrity and sportsmanship on and off the field or court.

SIGNATURE OF STUDENT ATHLETE

DATE PRINTED NAME OF STUDENT

Parent/Guardian

I have read this Athletic Handbook and understand the policies and regulations of Athens City Schools will be enforced.

SIGNATURE OF PARENT/GUARDIAN

DATE PRINTED NAME OF PARENT

USE AND DISCLOSURE OF PHI BY THE ATHLETIC TRAINER WITH COACHES AND OTHER NON-MEDICAL STAFF

The athletic trainer is in a unique situation with treating athletes on the sideline and other non-clinical settings. For this reason, trainers must educate the coaching staff on the rules of HIPAA and ask for their cooperation. Because a coach is not a health care provider, the ATC cannot discuss an athlete's injury or medical condition with them without consent from the athlete's parents. To ensure that the ATC can discuss an athlete's injury with his coach, we have created a form called "Disclosure of PHI and Consent for Treatment".

Before a season begins (any sport we cover), this form should be distributed to all participating athletes. A good time for this is spring physicals, or whenever the coach is sending information to parents.

This form gives the ATC permission to discuss the athlete's injury with his coach or other health care personnel. Also, we have combined the consent for treatment form with this disclosure.

These forms must be signed by a parent or legal guardian, and are good for (1) year.

The form also states that they have been given our Privacy Notice. So along with the disclosure form, you must also distribute the Privacy Notice. This notice has been reduced to one page for easy distribution. If someone request larger print, give him or her the copy used in the clinic, also found in this manual.

These disclosure forms should be collected from all athletes and put in a file. These records may be kept on file at the school. This is useful in cases where more than one trainer covers a school. The information is there for reference by any trainer.

If someone refuses to sign the form or merely fails to return it, they cannot be penalized or banned from participation. This is their right, given to them by Federal law. It is your job to know who does not wish to have any information disclosed.

If the student athlete is treated in the clinic, all forms and information given to other patients will still need to be signed by a parent.

Most importantly, keep in mind, that medical information should only be given out, even to coaches, when necessary. If an athlete, who has an injury, also has other unrelated medical problems, you can only discuss the relevant injury with the coach. No information at any time should be shared with other people such as newspapers. The disclosure form is specific with whom you can share information. But remember you can share information with other healthcare providers (as long as they are involved in the care of the athlete), without a consent form.

USE AND DISCLOSURE OF PHI BY THE ATHLETIC TRAINER WITH COACHES ANND OTHER NON-MEDICAL STAFF

**Disclosure of Protected Health Information
And Consent for Treatment**

I hereby authorize the athletic trainers, sports medicine staff and other health care personnel working with **Athens High School** to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at that school. I further understand that it is at my request to comply with the requirements of his/her school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospital and/or medical clinics and laboratories, athletics coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members, officials of the Alabama High School Athletic Association and the Alabama Independent School Association.

I, _____ parent or guardian, of _____ (student's name) understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information while participating as an interscholastic athlete at **Athens High School**. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parental/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by the HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing to the school's athletic director, but if I do, it will not have any effect on the actions the school officials took in reliance on this authorization/consent prior to receiving the revocation. I further have been given a copy of the Privacy Notice, which explains my rights under the HIPAA Act. This authorization/consent expires one year from the date it is signed.

I hereby authorize the athletic trainer and sports medicine staff at _____ School, to administer treatment and first aid pertaining school sporting activities as necessary to _____ (student's name).

REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS

Print Athlete's Name

Signature of Parent/Legal Guardian

Date

EMERGENCY INFORMATION

Please Print

Student Name: _____

Parent/Guardian Name: _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Email Address

Family Doctor _____ Phone _____

Preferred Hospital _____

In EMERGENCY, if parents cannot be contacted, notify:

Name _____ Relationship _____

Phone: Home _____ Cell _____

MEDICAL HISTORY List any allergies or medical conditions: _____

MEDICATIONS List any medications you are taking: _____

REQUIRED HEALTH INSURANCE INFORMATION

Carrier: _____ Policy No. _____ Group No. _____

Policyholder's name _____ Relationship _____