

(Side One)

Saint Jude the Apostle School
(2019-2020)

Grade _____

Sports Medical Information Form

Student Athlete – Medical Information & Emergency Consent Form
(This form must be completed annually)

Participant's Name _____

Address _____

City _____ Zip _____ Phone _____

Parent / Legal Guardian _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

MEDICAL INFORMATION:

Family Physician: _____ Phone _____

Group / Address _____

Hospital of preference: _____

Insurance Info: Subscriber: _____ Group #: _____

Policy #: _____ Company: _____

Pre-existing medical conditions: _____

Allergies: _____

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary. I further authorize any qualified licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of the above named child.

Signed this ____ day of _____ 20____

Parent / Legal Guardian

Parent / Legal Guardian

Office Use; Date entered in database: ____/____/____ by _____