

ATHLETIC INFORMATION CARD

THIS CARD MUST BE FILED EVERY YEAR BEFORE PARTICIPATION CAN BEGIN IN ANY ATHLETIC PROGRAM.

A physical examination by your doctor completed on or after April 1 of the athlete's fifth grade year is good for the entire middle school career. A physical card signed by your doctor must be on file in the PACE Office.

Name: _____ **Grade:** _____ **Gender:** Male Female
Last First M.

Sport(s) Participating In: _____
Fall Winter Spring

Date of Student's Most Recent Medical Sports Physical Examination: _____
(If unsure, check with the Athletic Office for date on last card on file.)

1. I hereby give my permission for the above named student to practice, compete, and represent the school in athletics.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.

Parent/Guardian: If there is any question that this student may not be qualified for athletic competition without, at least, a partial reevaluation, contact your medical advisor before signing this card.

Parent/Guardian's Signature: _____ **Date:** _____

EMERGENCY INFORMATION

Parent/Guardian's Name: _____
Last First Home Phone Number Alternate Phone Number

Home Address: _____ **City:** _____ **Zip:** _____

Physician: _____ **Telephone:** _____

Address: _____

Insurance Company: _____ **Policy or Group #:** _____

Allergies or Allergic Reactions: _____

Known Significant Medical Conditions: _____

In case of emergency, attempt to contact a parent at home or at work. If we cannot be reached, attempt to contact the alternate listed below:

Alternate's Name: _____ **Relationship:** _____

Telephone: _____

Permission is hereby granted to the attending physician to proceed with any medical treatment. I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

Parent/Guardian's Signature: _____ **Date:** _____
