

FOR OFFICE USE ONLY:

Name: _____

Class: _____ Entered:

Medical Card Date: _____

**Ravenscroft Athletics
Athlete Medical Card**

Directions to Parent/Guardian: Please print and complete sections 1, 2 & 3.

Section 1: Personal/Emergency Contact Information

Personal Information:

Student Last Name, First Name: _____

Student Age: _____ Grade: _____ Birth Date: _____

Sport(s): _____

Guardian(s) Name: _____

Student Address: _____

Student Phone Numbers: (H) _____ (C) _____

Emergency Contact Information:

Mother's Name: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Father's Name: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Preference of Physician (and permission to contact if needed):

Physician's Name: _____ Phone Number: _____

Medical Insurance Company: _____

Policy Holders Name: _____ Phone Number: _____

Policy No.: _____ Group/Plan No.: _____

Section 2: Medical Information

Medical Illnesses: _____

Last Tetanus Shot (Month/Year): _____

Allergies: _____

Prescription Medications: _____

(Any prescription medications that may be taken during competition require a physician's note.)

Previous Head/Neck/Back Injury: _____

Previous Heat-Related Problems: _____

Previous Significant Injuries: _____

Any Other Important Medical Information: _____

Please complete other side.

Ravenscroft Athletics
School Athlete Medical Card continued

Section 3: Consent/Permission

Consent for Athletic Participation, Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school's athletic program (including off-season conditioning and training) and to receive any necessary healthcare treatment including first aid, diagnostic procedures and medical treatment that may be provided by the treating physicians, nurses, athletic trainers or other healthcare providers employed directly or through a contract with the school or opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to the nearest emergency room based on local EMS protocols to receive necessary treatment.

Permission to Receive and Release Medical Records

I understand that Ravenscroft athletic trainers, the approved healthcare provider for Ravenscroft, may request information regarding the athlete's health status from a physician's office and I hereby give permission for the receipt and release of this information as it pertains to my child's ability to safely participate in athletics. In addition, should treatment be necessary, I give my permission for a physician's office to release medical information to allow for the timely treatment of my child by the approved health care provider for Ravenscroft. This request is to facilitate open communication between the athletic trainer and the treating physician in order to optimize patient care. This information cannot and will not be released to other parties without first being approved by the guardian or parent of the athlete. I understand that a copy of this form will be given to my child's coach in the event that healthcare treatment is needed.

I understand that I will be notified of the necessity of obtaining medical records.

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

Athlete's Signature: _____ **Date:** _____