

# Athlete Data and Emergency Treatment Information

Name (Last, First, MI) \_\_\_\_\_

Gender \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_ SS# \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_

<b>Sport(s)</b>	<input type="checkbox"/> Varsity	<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
	<input type="checkbox"/> Junior Varsity	<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	
		<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Swimming	
		<input type="checkbox"/> Crew	<input type="checkbox"/> Indoor Track	<input type="checkbox"/> Tennis	
		<input type="checkbox"/> Cross Country	<input type="checkbox"/> Outdoor Track	<input type="checkbox"/> Volleyball	

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contacts

<b>Primary Contact</b>	<b>Primary Relationship</b>	<b>Home Phone</b>	<b>Work Phone</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Secondary Contact</b>	<b>Secondary Relationship</b>	<b>Home Phone</b>	<b>Work Phone</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Other Emerg. Contact</b>	<b>Other Relationship</b>	<b>Home Phone</b>	<b>Work Phone</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Insurance Information**

<b>Ins. Co &amp; Policy #</b>	<b>Ins. Co. Phone</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Policy Holder's Name</b>	<b>Effective Date</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

*Do you have any of the following conditions (check all that apply)?*

- |                                    |                                    |   |   |
|------------------------------------|------------------------------------|---|---|
| Anemia <input type="checkbox"/>    | *Asthma <input type="checkbox"/>   | *Allergies <input type="checkbox"/>           | *Other (not shown) <input type="checkbox"/> |
| *Diabetes <input type="checkbox"/> | *Epilepsy <input type="checkbox"/> | *High Blood Pressure <input type="checkbox"/> | *(list medications below)                   |

Do you wear Glasses or Contacts?       When was your last tetnus booster ? (Month/Year)

**List all other conditions And all medications currently taken here:**

Should it become necessary for this student to require medical treatment while participating in an interscholastic athletic event/trip or practice sessions, I hereby authorize the District of Columbia Public School's health care providers (athletic trainers, team/game physicians and emergency medical technicians (EMT's) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach those designated above I give consent to the DCPS athletic care providers to take my child to a hospital, emergency care center or available physician.

Signature \_\_\_\_\_ Date: \_\_\_\_\_