

ATTENTION PARENTS AND COACHES:

Please take the time to fill out this form with as much information about your child as possible. We will be utilizing this information to make medical identification cards that will be carried by the athletic trainer and coach to all athletic events. This information will help us give your child the best possible care in the event of any emergency that occurs while they are under our supervision. Please be advised that your child will NOT be permitted to participate in any athletic event until this form is returned to the Athletic Trainer, Carolina Castro, at East Side High School. Thank you in advance for your anticipated cooperation.

Sincerely,

Carolina Castro, ATC
Athletic Trainer
East Side High School

PERSONAL INFORMATION

FIRST NAME: _____ MID. INITIAL: ___ LAST NAME: _____
DATE OF BIRTH (MM/DD/YYYY): _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE 1: _____ PHONE 2: _____
E-MAIL ADDRESS: _____

MEDICAL INFORMATION

INSURANCE PROVIDER: _____
POLICY NUMBER: _____
PHYSICIAN 1
FIRST NAME: _____ LAST NAME: _____
PHONE NUMBER: _____
PHYSICIAN 2
FIRST NAME: _____ LAST NAME: _____
PHONE NUMBER: _____
*** PREFERRED HOSPITAL: _____

EMERGENCY CONTACTS

FIRST NAME: _____ LAST NAME: _____
PHONE NUMBER: _____ ALT. PHONE: _____
RELATIONSHIP: _____

FIRST NAME: _____ LAST NAME: _____
PHONE NUMBER: _____ ALT. PHONE: _____
RELATIONSHIP: _____

EXISTING MEDICAL CONDITIONS

Medical Conditions/Medical Devices (e.g. Coronary Artery Disease, Pacemaker, Diabetic, etc...)

LIST PRIMARY CONDITIONS/HISTORY:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LIST MEDICATIONS/SUPPLEMENTS *(e.g. Altace 2.5mg 1XDay, etc.)*

DRUG NAME: _____	DOSAGE: _____	FREQUENCY: _____
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DRUG NAME: _____	DOSAGE: _____	FREQUENCY: _____
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DRUG NAME: _____	DOSAGE: _____	FREQUENCY: _____
DRUG NAME: _____	DOSAGE: _____	FREQUENCY: _____
DRUG NAME: _____	DOSAGE: _____	FREQUENCY: _____
DRUG NAME: _____	DOSAGE: _____	FREQUENCY: _____

ALLERGIES:

Allergies (e.g. Penicillin, Bee Stings) Other Info.(e.g. Organ Donor, Living Will, Consent to treat, etc)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____