



## Medical Card for Athletes

*This card should be kept on file by the coach for each sport. This should accompany the athlete to the doctor or hospital when medical attention is required.*

Student's Name		Date of Birth	
Street Address		City	State Zip
Home Phone #	Mother's Work #	Father's Work #	Cell Phone #
Family Physician		Physician's Phone #	Hospital Preference
Other Medical Information (allergies, etc.)			

I, \_\_\_\_\_ give permission to treat my child in the event of an emergency.  
(parent name, please print)

Parent Signature