

**Student Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Sport/(s) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

**Parents Information:**

Mothers Name: _____	Fathers Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Emergency Contact: In case we are unable to reach a parent please provide an alternative emergency contact.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Insurance Information:**

Policy Holder: _____	Policy Holders Date of Birth _____
Insurance Company _____	Employer _____
Policy ID Number _____	Group Number _____
Family Physician: _____	Does your insurance require referral? YES / NO

**Athletes Medical History:**

Does the athlete have any life threatening allergies? Yes / No : \_\_\_\_\_

Will the athlete need to take any medications during the season? Yes / No: please list: \_\_\_\_\_  
\_\_\_\_\_

Does the athlete have any special medical conditions that I need to be aware of? Yes / No: please list:  
\_\_\_\_\_

In the event that an athletic injury should occur to the above named athlete, I give my permission for them to receive care from the athletic trainer and/or staff from St. Elizabeth Sports Medicine. In addition, I give consent for the athletic trainer/staff of St. Elizabeth Sports Medicine to provide health information (i.e. information regarding the athlete's injuries and/or health history) to coaches, physicians, or other school personnel when it is necessary for the care and treatment of said athlete's injuries.

Furthermore, in the event that a medical emergency should occur and I cannot be contacted I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render any treatment which is considered necessary for that athletes well being.

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