

EMERGENCY MEDICAL FORM

Athlete's Name _____ **Age** _____

Address _____

Phone _____ **Sport(s)** _____

List two emergency contacts

Parent/Guardian's Name _____

Address _____

Home# _____ **Work#** _____ **Cell#** _____

Second Person's Name _____

Relationship to Athlete _____

Home# _____ **Work#** _____ **Cell#** _____

Are you allergic to any medications? _____ **If so, what?** _____

Are you on any medications? _____ **If so, what?** _____

Do you suffer from _____ **Asthma** _____ **Diabetes?** (check any that apply)

Do you wear contacts? _____

List any other health issues that may be important to know.

Parent/Guardian Signature _____ **Date** _____

DESALES SPORTSMEDICINE

Athlete's Name _____

Sport(s) _____

Do you give consent for your child to take Tylenol or Ibuprofen as needed?

YES _____

NO _____

Parents/Guardian Signature _____

Date _____