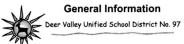
MRHS Theatre- Medical Form

ATHLETIC EMERGENCY INFORMATION FORM



School Last Attended	
Date Last Attended	

Date Last Attended								
Last Name	First Name		School ID#		Sex	Grade (9-12)		
	L		Date of Birth		Home Pho	ne		
	Address							
City / Zip								
Domicile: I Live With (Check all that apply)								
Mother Father Legal Guardian Other (Relationship)								
Father/Legal Guardian Name Mo			Mother/Legal Guardian Name					
Home Phone # (If other than above)			Home Phone # (If other than above)					
Work #			Work #					
Other # (Pager, Cellular) Other # (Pager, Cellular)								
Emergency Contact Name (If unable to read	ch parent)	Relationship	Phor		Phone #	hone #		
	, , , ,	•						
Sport (Only one per season) Fall			Winter	I		Spring		
Cross Country Diving	Boys Basketball							
Football Spiritline Golf Swimming	Girls Basketball					frack/Field		
Girls Volleyball						J		
Medical / Insurance Information								
Physician's Name	Address Phone #							
Medication Allergies								
Medications Currently Taken								
Other Health History (i.e. Fractures, Operations, Heart Problems)								
Insurance Coverage (Check one) School Personal (If personal, complete following information)								
Insurance Company Policy #								
Policy Holder Name								
Parent / Guardian Emergency Release Statement								
The above named student has my permiss								
school approved transportation. To the best of my knowledge, he/she does not have any health problems that would be harmful to								
him/her while participating. I hereby give consent for the said student to receive initial treatment by the athletic trainer, team physician, hospital physician or other medical personnel deemed necessary should he/she be injured or stricken ill. If emergency service								
involving medical action or treatment is required and parent/guardian can not be contacted. I hereby consent for the student named above to be given medical care by the doctor selected by the school. It is hereby understood that the consent and authorization								
given and granted are continuous, and are intended by me to extend through the current school year.								
Parent/Guardian Signature				Date _				
FOR OFFICE USE ONLY								
ON FILE: PHYSICAL AND ACKNOWLEDGEMENT BIRTH CERTIFICATE INFORMED CONSENT								