

MRHS Theatre- Medical Form

ATHLETIC EMERGENCY INFORMATION FORM



General Information

Deer Valley Unified School District No. 97

School Last Attended _____

Date Last Attended _____

Last Name _____	First Name _____	School ID# _____	Sex _____	Grade (9-12) _____
Address _____ City / Zip _____		Date of Birth _____	Home Phone _____	
Domicile: I Live With (Check all that apply) Mother _____ Father _____ Legal Guardian _____ Other _____ (Relationship) _____				
Father/Legal Guardian Name _____ Home Phone # (If other than above) _____ Work # _____ Other # (Pager, Cellular) _____		Mother/Legal Guardian Name _____ Home Phone # (If other than above) _____ Work # _____ Other # (Pager, Cellular) _____		
Emergency Contact Name (If unable to reach parent) _____		Relationship _____		Phone # _____
Sport (Only one per season)				
Fall	Winter	Spring		
Cross Country _____ Diving _____	Boys Basketball _____ Boys Soccer _____	Baseball _____ Tennis _____		
Football _____ Spiritline _____	Girls Basketball _____ Girls Soccer _____	Softball _____ Track/Field _____		
Golf _____ Swimming _____	Wrestling _____ Wr. Spiritline _____	Boys Volleyball _____		
Girls Volleyball _____				

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 _____	Group # _____	

Parent / Guardian Emergency Release Statement

The above named student has my permission to participate in interscholastic activities and to travel with the team as a member using 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 _____