MEDICAL CARD FOR ATHLETE

Office of Interscholastic Athletics
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It must accompany the athlete to the doctor or hospital when medical attention is required.

School Name _____ Jersey Number _____

Student Name _____ Phone # (_____)_____

Alternate

Home Address _____ Phone # (_____)_____

_____ Date of Birth _____ /_____ / _____

Physician

Family Physician _____ Phone # (_____)_____

Date of Last

Hospital Preference _____ Tetanus Shot _____ / _____ / _____

Allergies_____

Medicine Administered on the Field _____

_____

INSURANCE INFORMATION AND RELEASE FOR TREATMENT

INSURANCE INFORMATION:

Does your son/daughter have medical insurance? ☐ Yes ☐ No

If Yes, name of insurance company _____

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

_____ _____ /_____ /_____

Signature, Parent/Guardian *Date*

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