

SCHOOL ATHLETE MEDICAL CARD

Athlete Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

In case of emergency, contact:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Preference of Physician (and permission to contact if needed):

Name: _____ Phone: _____

Name of Insurance Carrier: _____

Policy #: _____ Group: _____

Consent for Athletic Conditioning, Training and Health Care Procedures-

I hereby give consent for my child to participate in Calvary Christian Academy's athletic conditioning and training program, and to receive any necessary healthcare treatment including first aid, diagnostic procedures, and medical treatment, that may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to receive necessary treatment. I understand that Delaware Valley Christian Athletic Conference or its associates may request information regarding the athlete's health status, and I hereby give my permission for the release of this information as long as the information does not personally identify my child.

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

Medical Illnesses: _____

Last Tetanus (M/YR): _____ Allergies: _____

Medications: _____

Previous head/neck/back injury: _____

Previous heat-related problems: _____

Previous heart-related problems: _____

Previous significant injuries: _____

Any other important medical information: _____
