

# Rowan-Salisbury Schools

## EMERGENCY SPORTS MEDICINE RECORD

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT'S/GUARDIAN NAME \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME TEL. NUMBER (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

CELL TELEPHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT (PERSON OTHER THAN PARENT/GUARDIAN)

\_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

NAME OF FAMILY DOCTOR \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

CURRENT MEDICATIONS (If Any) \_\_\_\_\_

MEDICATION ALLERGIES (If Any) \_\_\_\_\_

PAST ILLNESSES AND DATES: \_\_\_\_\_

\_\_\_\_\_

PAST INJURIES AND DATES: \_\_\_\_\_

\_\_\_\_\_

### Release for Emergency Medical Treatment

In the case of injury or illness, I give permission for my son/daughter \_\_\_\_\_  
to receive emergency medical treatment if necessary.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_