

OREGON HIGH SCHOOL

EMERGENCY INFORMATION FOR ATHLETES

Name (last, first)	Grade 9 10 11 12
Home Phone	Birth Date
Parents' Names	
Address	
City	Zip
Parents' Daytime Phone No's	
EMERGENCY CONTACT: If parents cannot be reached in emergency, contact:	
Name	Phone
Family Doctor	Phone
Preferred Hospital	
INSURANCE COVERAGE	
Name of Insurance Carrier	
Address	
City	Zip
Policy Number	Expiration Date
HEALTH HISTORY	
Kidney Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Condition or Disease <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Concerns (explain)	
Known Allergies and/or Allergies to Medications	

We give our consent for coaches, trainer and/or team physician to apply first aid treatment and to use their own judgment in securing medical aid and ambulance service in case we cannot be reached in an emergency situation involving our son/daughter.

Parent Signature: _____

Date: _____