ROGERS HERR MIDDLE SCHOOL
SPORTS MEDICINE
Student – Athlete Critical Contact Information

Today's Date _____/_____/_____   School Year: _____

Name: _____ Grade: _____
    (Last)   (First)   (Middle)

Gender: M F   Date of Birth: _____/_____/_____   Social Sec. # _____

Parent / Legal Custodian Information: → **(Social Sec. # Optional)**

Father's Name _____   Father's Work #   (____) _____

      Employer _____   Father's Cell / Pager# (____) _____

Mother's Name _____   Mother's Work #   (____) _____

      Employer _____   Father's Cell / Pager# (____) _____

Home Street Address_____ County_____

City _____ State _____ Zip Code _____ Home Phone (____) _____

Alternate Emergency Contact: _____ Phone (____) _____

Athlete Medical Information:
1. Are you **ALLERGIC** to any medication? **Y / N** List: _____
2. List any other allergies: _____
3. Do you take medications regularly?   **Y / N** List: _____
4. Do you take medicine for emergency use? **Y / N** List: _____
5. Do you have **ASTHMA? Y / N** ___ If so, do you use an inhaler? **Y / N** ___ What kind? _____
6. During athletic participation, do you wear: glasses? Y / N ____ contacts? **Y / N** ___ dental appliance? **Y / N** ___
7. Do you have any other medical conditions? Y / N ____ List: _____
8. Have you ever had a head injury, been knocked out, or had a concussion? Y / N ____ List: _____
9. Have you ever had discomfort, pain, or pressure in your chest during or after exercise or complained of your heart "racing" or "skipping beats" ? Y / N ____ List: _____

Family Physician: _____ **Phone #:** _____

Insurance Information

    Provider Name:_____ **Policy or Group #:** _____

    Policy Holder's Name: _____ **Phone#:** _____

Medical Authorization – As the parents or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, the entire duration of the student – athlete's enrollment at Rogers Herr Middle School, unless revoked by me in writing.

Risk of Injury – We acknowledge and understand that there is a risk of injury in athletic participation. We understand that the student – athlete will be under the supervision and direction of a DPS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor DPS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

_____   _____   _____
    Student – Athlete (Print)   **(Signature)**   **Date**

_____   _____   _____
    Parent – Legal Custodian (Print)   **(Signature)**   **Date**