

High School Athlete Medical Information Form

Personal Information

Athlete Name

Date of Birth

Grade

Sport

Home Address

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

Emergency Contact

Name

Relationship

Phone 1

Phone 2

Medical Information

Primary Physician Name

Physician Phone

Medical Insurance Provider

Policy Number

Known Allergies

Current Medications

Relevant Medical Conditions or Past Injuries

Activity Restrictions

Permissions

Consent for Emergency Medical Treatment