Medical Consent Form for Athletes

Athlete Name
Date of Birth
Sport
Parent/Guardian Name (if under 18)
Address
Emergency Contact Phone Number
Emergency Contact Frome Number
Alleuries on Madical Conditions
Allergies or Medical Conditions
Current Medications
Primary Physician
Physician Phone
Health Insurance Provider
Policy Number

Consent Statement	
Signature of Athlete	
Date	
Signature of Parent/Guardian (if athlete is under 18)	
Date	