

MIDDLETOWN TOWNSHIP SCHOOL DISTRICT

Emergency Contact & Athletic Information Sheet

Student Information:

Please use dark ink

Name	School
Sport	Grade
Date of Birth	
Address	
Town	Zip

Contacts/Glasses	Y	N	Allergies:
Orthodontic Braces	Y	N	
Asthma	Y	N	
Uses Inhaler	Y	N	Any other Conditions:
Orthopedic Brace/Support	Y	N	
Uses Epipen	Y	N	

Insurance Company		HMO	Yes	No	Need Referral	Yes	No
Do you have out of network benefits?	Yes	No					
Primary Physician			Phone				
Orthopedic Group/Physician			Phone				

Parent/Guardian Information:

Name		
<small>Last</small>	<small>First</small>	<small>Relation</small>
Home Phone	Cell phone	
Email Address	@	
Do you check your email regularly? Yes	No	

Name		
<small>Last</small>	<small>First</small>	<small>Relation</small>
Home Phone	Cell phone	
Email Address	@	
Do you check your email regularly? Yes	No	

In case of an emergency, if parent cannot be reached, please notify the following person:

Name	Relationship
Home Phone	Cell phone

In case of emergency, I request that I be notified as soon as possible. I hereby authorize the school certified athletic trainer and or team physician to evaluate and treat accordingly.

Signed _____ Date _____