



# MIDDLETOWN HIGH SCHOOL NORTH

## Emergency Contact & Athletic Information Sheet

### Student Information:

Please use dark ink

<b>Name</b>	<b>Sport</b>		
<b>Grade</b>	<b>School Year</b>	-	<b>Date of Birth</b>
<b>Address</b>			
<b>Town</b>		<b>Zip</b>	

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

<b>Insurance Company</b>	<b>HMO</b>	<b>Yes</b>	<b>No</b>	<b>Need Referral</b>	<b>Yes</b>	<b>No</b>
<b>Primary Physician</b>	<b>Phone</b>					
<b>Orthopedic Group/Physician</b>	<b>Phone</b>					

### Parent/Guardian Information:

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

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

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

<b>Name</b>	<b>Relationship</b>
<b>Home Phone</b>	<b>Cell phone</b>

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 \_\_\_\_\_