

MEDICAL INFORMATION FORM 2011- 2012

PLEASE PRINT CLEARLY

Athlete Name _____ Date of Birth _____ Team _____

School _____ Grade _____ USSA # _____ FIS # (if applicable) _____

Athlete Mailing Address _____

Athlete Physical Address _____

Athlete Cell Phone _____ Athlete Email _____

Father's Name _____ Mother's Name _____

Father's Mailing Address _____ Mother's Mailing Address _____

Father's Home Phone _____ Mother's Home Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Email _____ Mother's Email _____

Athlete lives with: Both Parents ___ Mother ___ Father ___

Parents are: Married ___ Divorced ___ Single ___

Primary Contact for Athlete: Mother ___ Father ___

Would secondary contact like to be included in the SVSEF e-mail list? Yes ___ No ___

In the event parents cannot be reached, SVSEF shall attempt to contact the following physician:

Dr. _____ Phone _____

Dr. _____ Phone _____

Check if family has no family physician OR no physician preference

HEALTH INSURANCE COVERAGE – (required to participate)

Insurance Company: _____

Insurance Co. Address _____ Phone _____

Group No. _____ Policy or Identification No. _____

MEDICAL HISTORY:

Allergies/Medication: _____

Other medical information of which SVSEF should be aware:

I hereby consent to SVSEF obtaining medical care for my child _____.

(Athlete's name)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____