

Medical Emergency Information Salmon HS

Sport_____

Grade_____

Age_____

Please Print:

Student Last Name: _____

First: _____

Address: _____

Mother's Name _____ Phone _____ Cell# _____

Father's Name _____ Phone _____ Cell# _____

Relative or Friend Responsible for child if you cannot be reached:

Name _____ Phone _____ Cell# _____

My son/daughter takes the following medication _____

My son/daughter is **Allergic** to Medication? _____ If yes what? _____

Other Allergies: _____

Primary Insurance Co. _____ Policy # _____

Describe any previous injuries, conditions or hospitalizations that may affect the performance or treatment of this child.

Reason & Date: _____

Other: _____