

EMERGENCY MEDICAL FORM

Each athlete is required to give the coach a copy of his or her emergency medical form. A copy has been attached. Please fill this out and give it to the coach at the first practice.

EAST WINDSOR PUBLIC SCHOOLS' ATHLETIC DEPARTMENT EMERGENCY MEDICAL AUTHORIZATION SHEET

This form must be with the coach at all practices, games or meets to insure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name _____ Birth Date _____

Athlete's Address _____ Zip Code _____

Parent/Guardian Name (1) _____

(2) _____

Telephone Home _____

Home _____

Business _____

Business _____

Cellular _____

Cellular _____

In the event the parents can't be reached, please contact

Name _____

Phone _____

Name _____

Phone _____

Insurance Company _____

Policy Number _____

Policy Carrier (Parent/Guardian) _____

Preferred Physician _____

Phone _____

Preferred Hospital _____

I hereby give my consent for medical treatment deemed necessary and/or for transportation to a hospital emergency room for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced to provide immediate treatment when I can't personally be contacted.

_____ Date _____

Signature (Parent or Guardian)

Student-Athlete Health History

Check all that apply. Give the date of the condition and a short description or comment.

X	Condition	Date	Description/Comment
	Hospitalization overnight		
	Use daily medication		
	Fainting or blackouts		
	Seizures		
	Concussion in the last 4 years		
	Allergies to medication, food or bees		
	Heart problems, elevated blood pressure		
	Asthma, wheezing- (indicate inhaler use)		
	Chest pains		
	Only one kidney, lung or testicle		
	Wear contacts		
	Excessive bleeding problem		
	Recent case of "Mono"		
	Diabetes		
	Had broken bone or dislocation		
	Muscle or joint injury		
	Neck or back injury		
	Chronic illnesses not noted already listed		
	Family history of sudden unexplained death		