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MEDICAL INFORMATION CARD

**HIGH SCHOOL
STUDENT-ATHLETE MEDICAL INFORMATION**

General Information (Please Print)

Student Name: _____ Sport(s): _____

Age: _____ Grade: _____ Birth Date: _____ SS# _____

Parent/Guardian(s) Name: _____

Address: _____

Phone: day: _____ night: _____ cell: _____

Other authorized persons to contact in emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Hospital Preference: _____ Insurance Co. _____

Policy #: _____ Group #: _____ Phone #: _____

Medical Information

Medical Illnesses: _____

Last tetanus booster shot (mo/yr): _____ Allergies: _____

Medications: _____

(any medications possibly needed to be taken during competition requires a physician's note)

Other information necessary to inform medical staff: _____

Consent for Athletic Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary treatment, including first aid, diagnostic procedures and medical treatment that may be provided by treating physicians, nurses, and other healthcare providers including OCR Athletic Trainers and OCR Physicians. OCR has my permission to release athletic injury information about my child to the school. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment. I understand the OCR does research in the prevention of athletic injuries and use generalized information that does not personally identify the individual student. OCR may use this generalized information that does not identify my child in such research.

Parent or Guardian Signature: _____ Date: _____

This card is valid from _____ to _____

Note: If any changes in the above information occur, a new card must be completed by the parent or guardian.