

2021-22 EMERGENCY MEDICAL INFORMATION for Athletes
Freeman Academy-Marion (Grades 6-12) 605-925-4237 OR 605-648-3615

Student Name Date of Birth Grade

Activities participating in this school year FB VB CC Soccer Wrestling BB Cheer Track Golf

First Parent/Guardian Cell Phone

Employer Work Phone

Second Parent/Guardian Cell Phone

Employer Work Phone

IN THE EVENT THE PARENT/GUARDIAN CANNOT BE CONTACTED, PLEASE LIST ANOTHER PERSON TO CONTACT:

Name Relationship Cell/Home Phone

PLEASE LIST YOUR PRIMARY HEALTH INSURANCE INFORMATION

Insurance Company Name

Phone No. Plan Name

Policy ID No. HMO PPO

MEDICAL INFORMATION

Family Medical Physician Physician Phone

Does this athlete have any known allergies? Yes No

If yes, please name and describe treatment instructions:

Please list any **MEDICAL** conditions the athlete may have:

Please list any **MEDICATIONS** the athlete may be currently taking:

Other **MEDICAL** information or treatment instructions:

WAIVER/RELEASE

In case of a medical emergency involving the above named athlete, at a time when the undersigned cannot be contacted or notified, the undersigned hereby authorize agents, employees and office staff of the Freeman Academy-Marion School Districts to act in my behalf to perform and/or consent to any medical treatment or procedures as may be deemed necessary or required to include, but not limited to x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and/or hospital care.

***All medical information will be kept confidential.**

Parent/Guardian Signature

Date