

**2022-23 Emergency Medical Information for Athletes**  
Freeman Academy-Marion (Grades 6-12) 605-925-4237 OR 605-648-3615

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade for 2022-23 Year \_\_\_\_\_

**Activities participating in this school year (mark all that apply):**

FB\_\_\_ VB\_\_\_ CC\_\_\_ Soccer\_\_\_ Wrestling\_\_\_ BB\_\_\_ Cheer\_\_\_ Track\_\_\_ Golf\_\_\_

First Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Guardian \_\_\_\_\_

**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 \_\_\_\_\_ HMO/PPO \_\_\_\_\_

Phone \_\_\_\_\_ Plan Name \_\_\_\_\_

Policy \_\_\_\_\_ ID No. \_\_\_\_\_

**Medical Information**

Family Medical Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Please list any known **allergies** and treatment instructions:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please list and 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 \_\_\_\_\_