

2023-24 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 2023-24 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 _____