

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Parent / Guardian \_\_\_\_\_  
 Other Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
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Insurance Information

Does the athlete have school insurance          Yes          No  
 Does the athlete have insurance to cover participation in extra-curricular activities?  
     If yes, please include the following information  
 Employer of Parent / Guardian \_\_\_\_\_  
 Address of Employer \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Group Number \_\_\_\_\_  
 Medicare / Medicaid Number \_\_\_\_\_  
 \_\_\_\_\_  

Parent/Guardian Signature	Date
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Permission Form

I give my permission for the Meridian District #223 Coaching Staff to seek medical treatment for my son/daughter in the case of injury/illness which is incurred while participating in school sponsored activities, if I cannot be reached to give my consent to emergency personnel.

Parent/Guardian Signature _____	Date _____
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Medical History

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Student Allergy to Medication \_\_\_\_\_  
 Do you have any physical ailments or problems? \_\_\_\_\_  
 \_\_\_\_\_  
 Do you wear glasses? \_\_\_\_\_ Do you wear contacts? \_\_\_\_\_  
 In case of emergency, which hospital should your child be taken to?  
 Hospital \_\_\_\_\_ Address \_\_\_\_\_