Student Name _____ Age _____ Sex _____ Birth Date _____

Home Phone _____ Address _____

City, State, Zip _____

Parent / Guardian _____

Other Emergency Contact Person _____ Phone _____

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

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

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 _____