

MEDICAL CARD FOR ATHLETES

Division of Health, Physical Education & Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS

MEDICAL CARD FOR ATHLETE

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name _____ Jersey Number _____
Student Name _____ Phone # (____) _____
Home Address _____ Alternate
_____ Phone # (____) _____
_____ Date of Birth ____/____/____
Family Physician _____ Physician
_____ Phone # (____) _____
Hospital Preference _____ Date of Last
_____ Tetanus Shot ____/____/____
Allergies _____
Medicine Administered on the Field _____

MCPS Form 560-30, Rev. 11/94

(OVER)

MEDICAL CARD FOR ATHLETE

INSURANCE INFORMATION:

Does your son/daughter have medical insurance? Yes No

If Yes, name of insurance company _____

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I can not be reached.

Signature, Parent/Guardian

Date

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