

MEDICAL CARD FOR ATHLETE

**Office of Interscholastic Athletics
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS**

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It must 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 _____

INSURANCE INFORMATION AND RELEASE FOR TREATMENT

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 cannot be reached.

Signature, Parent/Guardian

_____/_____/_____
Date

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The Athlete To The Doctor Or Hospital When Medical Attention Is Required.**