

**Sports Medicine**  
**Student- Athlete Critical Contact Information Lakewood**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Year: \_\_\_\_\_

Name \_\_\_\_\_ Class of: \_\_\_\_\_

(Last) (First) (Middle)

Gender M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Sec # \_\_\_\_\_ School ID# \_\_\_\_\_

**Parent / Legal Custodian Information:**

Father's Name: \_\_\_\_\_ Father's Work # (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work # (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Mother's Cell/Pager (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ County: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Athlete Medical Information:**

1. Are you **ALLERGIC** to any type of medication? Y / N List \_\_\_\_\_
2. List any other allergies: \_\_\_\_\_
3. Do you take medications regularly? Y / N List \_\_\_\_\_
4. Do you take medicine for emergency use? Y / N List \_\_\_\_\_
5. Do you have **ASTHMA**? Y / N If so, do you use an inhaler? Y / N What kind? \_\_\_\_\_
6. During athletic participation, do you wear: glasses? Y / N contacts: Y / N Dental appliance? Y / N
7. Do you have any other medical conditions? Y / N List: \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever had a head injury, been knocked out, or had a concussion? Y / N List: \_\_\_\_\_
9. Have you ever had discomfort, pain, or pressure in your chest during or after exercise or complained of your heart "racing" or "skipping beats" Y / N List: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

**Insurance Information:**

Provider Name: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Authorization** – As the parents or legal custodian of this student athlete I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer. This permission is valid during the entire duration of the student- athlete's enrollment at Lakewood Montessori Middle School, unless revoked by me in writing.

**Risk of Injury** – We acknowledge and understand that there is a risk of injury in athletic participation. We understand that the student- athlete will be under the supervision and direction of a DPS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor the DPS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

\_\_\_\_\_  
Student – Athlete (Print)  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Parent/ Legal Custodian (Print)  
(Date)

\_\_\_\_\_  
(Signature)