



## MEDICAL CARD FOR ATHLETE

**Office of Interscholastic Athletics  
PRINCE GEORGE'S 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 # (\_\_\_\_\_) \_\_\_\_\_

Alternate

Home Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician

Family Physician \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Date of Last

Tetanus Shot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Allergies \_\_\_\_\_

Medicine Administered on the Field \_\_\_\_\_

## MEDICAL CARD FOR ATHLETE

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### INSURANCE INFORMATION:

Does your son/daughter have medical insurance?  Yes  No

If Yes, name of insurance company \_\_\_\_\_

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### 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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