



ATHLETIC MEDICAL CARD

Coon Rapids-Bayard Community School

905 North St-PO Box 297, Coon Rapids, IA 50058

Phone # 712-999-2208

This card will be kept on file, will be present at all athletic events, and will accompany the athlete to the doctor or hospital when medical attention is required.

Student Name:

Date of Birth:

Home Address:

Parent/Guardian Name:

Home Phone #:

Work Phone #

Cell Phone #

Parent/Guardian Name:

Home Phone #:

Work Phone #

Cell Phone #

If parent cannot be reached, person to be contacted in case of emergency:

Name:

Home Phone #:

Work Phone #

Cell Phone #

Family Physician:

Physician Phone #:

Hospital Preference:

Allergies:

Medications:

Chronic Health Conditions (Ex: asthma, diabetes, etc)

Parent/Guardian Name:

Insurance Information

Does your son/daughter have medical insurance?

YES

NO (Circle One)

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: