

**COON RAPIDS-BAYARD SCHOOLS STUDENT ATHLETE MEDICAL CARD**



**STUDENT NAME:**

**Date of Birth:**

**Parent/ Guardian #1:**

(Name and Phone Number(s))

**Parent/ Guardian #2:**

(Name and Phone Number(s))

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**EMERGENCY CONTACT** (NAME AND PHONE NUMBER) IN THE CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED

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**Medical Conditions and/or Medical History:**

**Medications:**

**Allergies:**

Does student have epi pen: \_\_\_\_yes \_\_\_\_no

*If yes, **MUST BE WITH STUDENT AT ALL TIMES!***

**Primary Care Provider:**

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**INSURANCE**

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 my permission to the attending physician and hospital to administer appropriate medical treatment in the event that I cannot be reached.

**SIGNATURE OF PARENT/ GUARDIAN:** \_\_\_\_\_ **DATE** \_\_\_\_\_