

Swimmer: _____ Diver _____

Athlete Cell Phone # _____ - _____ - _____

Athlete Email: _____

Interscholastic High School Athletics MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland	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 _____ Birth Date ____/____/____ Home # ____-____-____ Home Address _____ Parent/Guardian Name _____ Work # ____-____-____ Cell # ____-____-____ Parent/Guardian Name _____ Work # ____-____-____ Cell # ____-____-____ Family Physician _____ Physician # ____-____-____ Hospital Preference _____ Date of Last Tetanus Shot ____/____/____ Allergies _____ Medicine Administered on the Field _____	
MCPS Form 560-30, Rev. 8/04 Draft 2 (OVER)	

MEDICAL CARD FOR ATHLETE
Insurance Information: Does your son/daughter have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of insurance company: _____ _____
RELEASE FOR TREATMENT: <p style="text-align: center;">I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.</p> <p style="text-align: center;">_____ /____/____ <i>Signature, Parent/Guardian</i> <i>Date</i></p>
This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when medical attention is required.

Parent/Guardian E-mail Address: _____