

**St. Joseph Athletic Association
Athlete Medical Information Form
2008-2009**

(Please fill out for each child)

Athletes Name: _____ Grade: _____

Home Address: _____

Mothers Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

Emergency Contact and Relationship: _____ Phone: _____

Family Insurance Carrier: _____ Policy Number: _____

Physicians Name and Phone: _____

Does your child have any medical conditions that may affect his/her physical activity?

_____ Yes _____ No

If Yes, please list: _____

Is there any medication that your child is required to take?

_____ Yes _____ No

If Yes, please list: _____

Parent/Guardian Signature: _____ Date: _____