

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

Athlete's Name: _____ Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work 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 _____ If Yes, please list. No _____

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

Yes _____ If Yes, please list. No _____

Parent/Guardian Signature: _____ Date: _____