Athlete Data and Emergency Treatment Information

Name *(Last, First, MI)* ____________________ DCPS Student ID#__________

Street ____________________ City ____________ State ________ Zip ________

Gender ☐ Male ☐ Female Date of Birth ____________________ Grade ________

School ____________________ School Year ____________________

Sports

☐ Baseball –JV
☐ Baseball – Varsity
☐ Basketball – JV
☐ Basketball - Varsity
☐ Cheerleading
☐ Crew
☐ Cross Country
☐ Football – JV
☐ Football- Varsity
☐ Golf
☐ Lacrosse
☐ Indoor Track
☐ Outdoor Track
☐ Softball
☐ Soccer - JV
☐ Soccer - Varsity
☐ Swimming
☐ Tennis
☐ Volleyball
☐ Wrestling

Emergency Contacts

Name	Relationship	Home	Work	Mobile

Insurance & Billing

Insurance Co. ____________ Policy # ____________ Insurance Co. Phone ____________

Policy Holder's Name ____________________ Effective Date ____________________

Do you have any of the following conditions ***(check all that apply)?***

☐ Anemia ☐ Asthma ____________*(Inhaler Type)* ☐ Sickle Cell / Sickle Cell Trait

☐ Epilepsy ☐ High Blood Pressure ☐ Previous Concussion / Head Injury; if yes, date? ____________

☐ Allergies Other ____________________

Do you wear contacts or glasses? ☐ Contacts ☐ Glasses

When was your last tetanus booster? Month/Year ____________________

List all medications currently used including prescribed, over the counter and rescue inhalers ____________________

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Should it become necessary for this student to require medical treatment while participating in an interscholastic athletic event, trip, or practice session, I hereby authorize the District of Columbia Public School's health care providers (athletic trainers, team/game physicians and emergency medical technicians (EMT's)) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach those designated above, I give my consent to the DCPS athletic health care providers to take my child to a hospital, emergency care center or available physician.

Signature ____________________ Date____________________

(Parent, guardian or student 18 yrs+)