

Sport _____

**Olympia School District
Athletic Medical Card**

Student's Name: _____ Birthdate: _____ Grade: _____

Parent's/Legal Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Alternate Phone: _____

Home Address: _____
Street City Zip

Alternate Person(s) to be notified in case of emergency:

Name: _____ Home Phone: _____

Work Phone: _____

Physician of Choice: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

If the parent and authorized physician named above cannot be reached at the time of emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the above named student (properly accompanied) to the hospital or doctor most easily accessible? YES NO

Do you agree to be financially responsible for all expenses incurred for treatment under the circumstances described above? YES NO

Name of Insurance Company: _____ ID #: _____

If the answers to any of the above questions are NO, please explain what action you desire school authorities to take.

List all allergies or other medical conditions the above named student has which first-aid/emergency personnel should be aware of. _____

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE