Turlock Unified School District - Emergency Information

Athlete's Name (First Last):			Sex (Circle One): M F
Date of Birth:	Age:	Cell Phone: ( )	Home Phone: ( )	Grade: 9 10 11 12
Permanent Student Number:	Fall Sports (Circle One) Football Golf (Girls) Cheer Waterpolo Cross Country Tennis (Girls) Volleyball		
Winter Sports (Circle One) Soccer (Boys) Soccer (Girls) Basketball Wrestling	Spring Sports (Circle One) Baseball Swim Track Dive Golf (Boys) Softball Tennis (Boys)		
Home Address:	City:	State: CA	Zip:
Father (Guardian):		Cell Phone Number:	
Employer:	Occupation:		Work Phone: ( )
Work Address:	City:	State:	Zip:
Mother (Guardian):		Cell Phone Number:	
Employer:	Occupation:		Work Phone: ( )
Work Address:	City:	State:	Zip:
Alternate Emergency Contact (other than parent or guardian):	Relationship:		Phone: ( )
Insurance Company:	Policy Number:		Phone: ( )
Claims Office Address:	City:	State:	Zip:
Known Allergies to Medicines or Food:	Date of Last Tetanus Shot:	Previous Treatment at Emanuel Hospital: Yes No	
Athlete's Regular Physician:			Phone: ( )
Address:	City:	State:	Zip:

- I hereby give my consent for the above named student to go with and be supervised by a representative of Pitman High School on any trips. In case this student becomes ill or injured, you are authorized to have student treated and I authorize the medical agency to render treatment.
-We certify **ALL** information on both sides of this card is accurate and correct.
-We have read and **FULLY** understand the Turlock Unified School District Athletic Policy Agreement, Warning Statement, Football Safety information, Steroid Fact Sheet, PCA-Parent Pledge, and Heat Illness/ Fluid Replacement documents, CIF Concussion Statement and CIF Sudden Cardiac Arrest Form.

Parent (Guardian) Signature ____________ Date ____________

Student Signature ____________ Date ____________

ALL areas MUST be filled out, if not applicable, place N/A in appropriate box. PRINT all information CLEARLY in blue/black ink. Attach Copy of front & back of Insurance card.

Medical History - Fill in ALL Information!

FAMILY HISTORY: Has any family member ever had...?

	Yes	No
Diabetes		
Heart Attack or Disease		
Sickle Cell Disease		
Seizures		
Arthritis or bone disease?		
Has ANYONE in your family died under age 30 or unexpectedly?		

ATHLETE'S MEDICAL HISTORY:

	Yes	No
1. Have you ever had an illness that:		
a. required hospital stay?		
b. lasted longer than a week?		
c. is related to allergies (i.e. hay fever, hives, asthma, insect sting)?		
2. Have you ever had an injury that:		
a. required you to go to an emergency room or see a doctor?		
b. required you to stay in the hospital?		
c. required an x-ray?		
d. required an operation?		
3. Do you take any medications or pills?		

ATHLETE'S MEDICAL HISTORY: (Cont.)

	Yes	No
4. Have you ever:		
a. been dizzy or passed out during exercise?		
b. been unconscious or had a concussion?		
5. Do you:		
a. wear glasses or contact?		
b. wear dental bridges, plates or braces?		
6. Have you ever had a heart murmur, high blood pressure, or heart abnormality?		
7. Do you have any allergies to medicine or food?		

8. Have you ever had: (Circle item if YES)

seasonallergies	pneumonia	skin disease (impetigo, ringworm, herpes, scabies)
cerebral palsy	enlarges spleen or liver	neck injury
emotional difficulties	hernia	shoulder injury
mononucleosis	kidney disease	knee injury
seizures	loss or absence of any organ	ankle injury
serious or frequent headaches	menstrual disorders	heat related illness
thyroid disease	ulcers	fracture/broken bone
collapsed lung		

9. Has anyone ever told you not to participate in athletic competition? Yes No

Please explain ALL "YES" responses from above! (Please indicate "RIGHT" or "LEFT" and "AGE" when it occurred)

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