

**Mason High School
Athlete Information Sheet**

Last Name _____ First Name _____

Sport(s) _____ Current School Year (circle) 9 10 11 12

Date of Birth ____/____/____ Gender: Male Female Home Phone # () _____

Street Address _____ City _____ State _____ Zip Code _____

Family Physician _____ Physician Phone # () _____

Current Medication (prescription or over the counter). Please state reason for taking: _____

Medications Athlete is Allergic to: _____

Other Allergies and Reactions (food/bee stings/latex, etc.) _____

Medical History that the Athletic Trainer should be aware of (surgeries, recent or chronic injuries, illnesses, physical limitations, absence of organs) _____

Does the athlete have a history of concussions? How many? _____ When? _____ How severe? _____

Has the athlete ever "passed out", had his/her "bell rung" ? Describe _____

Has the athlete ever experienced seizures of any type? Please describe _____

Emergency Contact _____ Relationship to Athlete _____

Emergency Contact Phone Number () _____

Emergency Contact Work/Cell Number () _____

2nd Emergency Contact _____ Relationship to Athlete _____

2nd Emergency Phone Number () _____

2nd Emergency Contact Work/Cell Number() _____

MEDICAL TREATMENT CONSENT
To be completed by Parent or Guardian

I, _____, a parent or guardian of _____
Recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN

X _____ DATE _____