DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Club Sports 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 _____

Club Sports

- ☐ Baseball
- ☐ Basketball - Freshman
- ☐ Crew
- ☐ Flag Football - Boys
- ☐ Field Hockey
- ☐ Ice Hockey
- ☐ Lacrosse
- ☐ Lacrosse - JV
- ☐ Rugby
- ☐ Soccer
- ☐ Squash
- ☐ Swimming
- ☐ Wrestling
- ☐ Other_____

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 _____

_____

Should it become necessary for this student to require medical treatment while participating in a club sporting event, trip, or practice session, I hereby authorize the emergency medical technicians (EMT's) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if the club sponsoring personnel are unable to reach those designated above, I give my consent to the emergency medical technicians to take my child to a hospital, emergency care center or available physician.

Signature _____ Date_____

(Parent, guardian or student 18 yrs+)