



Lake Orion Community Schools
ATHLETIC MEDICAL FORM
Please print neatly

Sport

Athlete's Name	Last	First	Date of Birth
Parent's Name			
Address			
Home Phone ()		Cell Phone ()	
Family Physician			
Allergies, asthma, diabetes, etc			
Medication, other important medical information			
Name of Medical Insurance Co.		Phone ()	
Contract Number		Group Number	
Name on Insurance Card			
Emergency Contact (other than parent/guardian)		Phone ()	

The following must be filled out and signed before students can participate.

EMERGENCY MEDICAL WAIVER

I, _____, the parent or guardian of _____ recognize that as a result of athletic participation, an injury or illness may occur that may require medical treatment on an emergency basis. In the event that I am unable to be contacted, or the situation is life threatening and/or requires immediate emergency services, permission is hereby granted for emergency medical treatment. This includes hospital care and/or ambulatory services, as deemed necessary by the Athletic Trainer or other school official under the then existing circumstances. I also agree that any medical bills incurred will be covered by my medical insurance company and/or myself.

Parent or Guardian Signature

Date