NovaCare

# Student-Athlete Medical History

**PERSONAL**

Athlete's Name:_____ Sport: _____

D.O.B _____ Age on Last Birthday: _____ Grade: _____

Parent/Guardian Names: _____

Address: _____

Day Phone:_____ Evening Phone: _____

**Person to contact in case of emergency other than parent or guardian:**

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

**INSURANCE**

Name of Insured: _____

Employer of Insured: _____

Insurance Company:_____

Policy/Group#: _____

**MEDICAL**

Family Physician Name:_____ Phone: _____

Hospital Preference: _____

Height: _____ Weight: _____ Date of Last Tetanus Booster: _____

List **ALL** Current Medication: _____

List **ANY** Chronic Illness' (Diabetes, Asthma, etc.) _____

Have you ever had a head injury? ☐ Yes ☐ No If so, when? _____

Do you experience dizziness and/or headaches with excercise? ☐ Yes ☐ No

Were you hurt in a previous athletic season? ☐ Yes ☐ No If so, please describe your injury or illness. _____

_____

Seasonal or Food Allergies: _____

Chronic Injuries (sprained ankles, etc.)_____

Wears Protective Support/Brace (ankle, knee, etc.) _____

Wears glasses and/or Contacts Lenses: ☐ Yes ☐ No

**Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both), or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature: _____ Date: _____