



**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 \_\_\_\_\_

**Emergency Contact-Please provide at least 2 Contacts (\*Parent/Guardian should be listed first as Primary Contact)**

Name	Relationship	Home	Work	Mobile
	Parent/Guardian			

Parent/Guardian Email: \_\_\_\_\_

**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       Diabetes
- Epilepsy       High Blood Pressure       Previous Concussion/Head Injury; if yes, date? \_\_\_\_\_
- Allergies (Epi-Pen Used  Yes  No)      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 an interscholastic athletic event, trip, or practice session, I hereby authorize the District of Columbia Public School's health care providers (athletic trainers, team/game physicians and emergency medical technicians (EMT's)) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach those designated above, I give my consent to the DCPS athletic health care providers to take my child to a hospital, emergency care center or available physician.

Signature \_\_\_\_\_      Date \_\_\_\_\_  
(Parent, Guardian or Student 18yrs+)

**For Office Use Only:**  
Date of DC Universal Health Certificate (Physical) \_\_\_\_\_      AT/SC Initials: \_\_\_\_\_