



H.S.S. Athletics



ATHLETE MEDICAL FORM

NAME: _____

BC CARE CARD NUMBER: _____

EMERGENCY CONTACT:

- Daytime Name: _____ Phone #: _____

- Evening Name: _____ Phone #: _____

MEDICAL CONCERNS:
(Ex: Diabetes, Athletic Injury)

ALLERGIES:

MEDICATIONS:

DOCTOR: Name _____ Phone # _____

PARENT/GUARDIAN SIGNATURE:

signature

name