

Smith Vocational and Agricultural High School Athletics

Athletic Participation and Insurance Information Form

PLEASE PRINT LEGIBLY AND FILL EVERY BLANK



Today's Date: _____

Athlete's Name: _____ Date of Birth: ____/____/____

Grade: _____ Phone: (h) _____ (c) _____

Home Address: _____

Emergency Contacts

Name (first person to contact): _____

Relationship to student: _____

Phone: (h) _____ (c) _____

Name(second person to contact): _____

Relationship to student: _____

Phone: (h) _____ (c) _____

Health Insurance Information

COPY OF INSURANCE CARD

Name of company: _____

Phone: _____

Policy Holder: _____

Policy #: _____

Medical History Form

Medications:

Allergies (list allergy and reaction):

Epi-Pen? _____

Asthma? If yes, what inhaler is used? _____

Diabetes? If yes, how is condition controlled? Associated medication? _____

Other medical concerns:
