

MEDICAL INFORMATION CARD
Marist High School

General Information (Please Print)

Student Name: _____ Sport(s): _____
Age: _____ Grade: _____ DOB: _____
Parent/Guardian(s) Name(s): _____
Address: _____ Phone (Day): _____
_____ (Cell): _____

Other Authorized Person to Contact in Case of Emergency:
Name: _____ Phone #: _____ Relationship: _____
Preference of Physicians (and permission to contact if needed)
Name: _____ Phone #: _____
Hospital Preference: _____
Insurance Company: _____ Group/Policy#: _____

Medical Information

Medical Illnesses: _____

Allergies: _____
Last Tetanus Booster Shot (mo/yr): ____ / ____
Medication(s): _____
(Any medications needed to be taken during competition requires a Physician's note)
Previous Head, Neck, or Back Injuries: _____
Previous Heart Related Problems: _____
Previous Significant Injuries: _____
Other Important Information: _____

It is very important to include all medical conditions and over the counter medications that you are taking

Consent for Athletic Participation and Healthcare Treatment

I hereby give consent for my child to participate in the Marist High School Athletic Program and to receive any necessary healthcare treatment, including first aid, diagnostic procedures, and medical treatment that may be provided by treating physicians, nurses, and other healthcare providers including OccuSport Athletic Trainers and OccuSport facilities. I recognize the treatment team associated with athletics is varied and extends beyond the medical staff to the coaching staff, athletic director, the individual athlete themselves and guardian. OccuSport has my permission to release injury information about my child to the school and treatment team. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment.

Parent or Guardian Signature: _____ Date: _____

This card is valid for one school year.

Note: if any changes in above occur; a new card must be completed by the parent or guardian as soon as possible.

**MARIST HIGH SCHOOL
ATHLETIC TRANSPORTATION WAIVER**

NAME _____ HOMEROOM _____

SPORT _____ YR. IN SCHOOL _____ LEVEL (CIRCLE ONE) FR. SO. VAR.

I hereby give consent for the above mentioned student to represent his/her school in athletic activities, including team/individual travel for local and out-of-town trips. **I authorize the school to obtain**, through a physician of its choice, any emergency care that might be reasonably necessary for the student in the course of such athletic travel. **I also agree** that we/I will not hold Marist High School or anyone acting in its behalf responsible for any injury occurring to the above mentioned student in the course of such athletic travel.

Parent / Guardian Name (please print) _____

Parent / Guardian Signature _____

I give consent for the above mentioned student to: (please initial)

_____ Travel on school provided transportation to and from practices and games.

_____ Travel in a private vehicle to and from practices and games.

_____ Drive in a private vehicle to and from practices and games.

_____ Drive other student/athletes to and from practices and games.

I understand that the school does not carry insurance covering the driver of the private vehicle or passengers in the private vehicle. I will not hold the school liable for accident or injury on the trip.