

**ELGIN PARK ATHLETICS
MEDICAL INFORMATION**



PLEASE PRINT

I Name _____ Date _____
Student Number _____ Male _____ Female _____
Address _____
Birthday _____ Age _____ Phone Number _____
Day Month Year

II Care Card # _____
Name of Family Doctor _____ Telephone # _____

III Mother's/Guardian's Name _____
Telephone # at Home _____ At Work _____
Father's/Guardian's Name _____
Telephone # at Home _____ At Work _____

IV Describe any medical/physical problems that the school should be aware of
(i.e. Epilepsy, Diabetes, Asthma etc.)

Describe and list any medications that the student is currently taking.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____