

Oregon City High School

Student Health/Emergency Form for Athletics

Sport: _____

Student ID #: _____

Date: _____

Athlete's First Name Middle Last Name Date of Birth

Street Address City Zip Code

Home e-mail address Home Phone Graduation Year

Mother's/Guardian Name Address (if same as above write same)

Father's/Guardian Name Address (if same as above write same)

Mother's Home Phone Mother's Work Phone Mother's Cell Phone

Father's Home Phone Father's Work Phone Father's Cell Phone

Emergency Contact Person Relationship Emergency Cell/Work Phone

Insurance Company Policy # Preferred Hospital

Physician Physician Phone

Allergies

Medication (Dosage, time of day)

Other Health Conditions

Other Pertinent Information