



## EMERGENCY CONTACT AND CURRENT MEDICATION INFORMATION

ATHLETE INFORMATION				
Name:		Date of Birth:		Athlete ID:
Home Address: Mailing Address:			Home: Cell:	
Physician(s):	Physician's Phone Number:	Pharmacy:		Pharmacy's Phone Number:
EMERGENCY CONTACTS				
NAME	RELATIONSHIP	HOME PHONE	MOBILE PHONE	WORK PHONE
MEDICAL CONDITIONS				
1.		2.		3.
ALLERGIES TO MEDICATIONS				
MEDICATION		REACTION		

CURRENT MEDICATION REGIMEN			
MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

**I hereby certify that the above information that I have provided is true and correct to the best of my knowledge and that my child has no serious medical condition that would prevent him/her from participating in the sport of Track and Field. I also certify that as the parent/guardian I am responsible for having my child seen by a medical physician if any condition arises.**

Parent/Legal Guardian Signature: On File (Acknowledgement Form (10)) Date: \_\_\_\_\_