



Medical Card for MVSA Storm Athlete

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

Name: Birth Date: Jersey #:

Home Address:

Parent/Guardian Name:

Home #: Work #: Cell #:

Parent/Guardian Name:

Home #: Work #: Cell #:

If parent cannot be reached, person to be contacted in case of emergency:

Name: Relationship:

Home #: Work #: Cell #:

Family Physician: Physician #:

Hospital Preference: Date of Last Tetanus Shot:

Allergies:

Medicine Administered on the Field:

INSURANCE INFORMATION: Does your daughter have medical insurance? Yes No

If Yes, Name of Insurance Company:

RELEASE FOR TREATMENT: I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

Signature

Parent/Guardian: Date:

This card must be kept on file in the team medical kit and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when emergency medical attention is required.