



MEDICAL CARD FOR ATHLETE
 Interscholastic High School Athletics
 MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville,
 Maryland 20850

MCPS Form
 560-30 May
 2017

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.

Student Name:	Birth Date:	
School Name:	Student ID #:	
Home Address:		
Parent/Guardian Name:		
Home #:	Work #:	Cell #:
Parent/Guardian Name:		
Home #:	Work #:	Cell #:
If parent/guardian cannot be reached, person to be contacted in case of emergency		
Name:	Relationship:	
Home #:	Work #:	Cell #:

MEDICAL CARD FOR ATHLETE	
Family Physician:	Physician #:
Hospital Preference:	Date of Last Tetanus Shot:
Allergies:	Student Self-Carries Epinephrine Auto Injector : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, MCPS Form 525-14 must be completed.
Medicine Administered on the Field:	
INSURANCE INFORMATION: Does the athlete have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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/Eligible Student:	Date:

This card must be kept on file in the medical kit for each sport 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.